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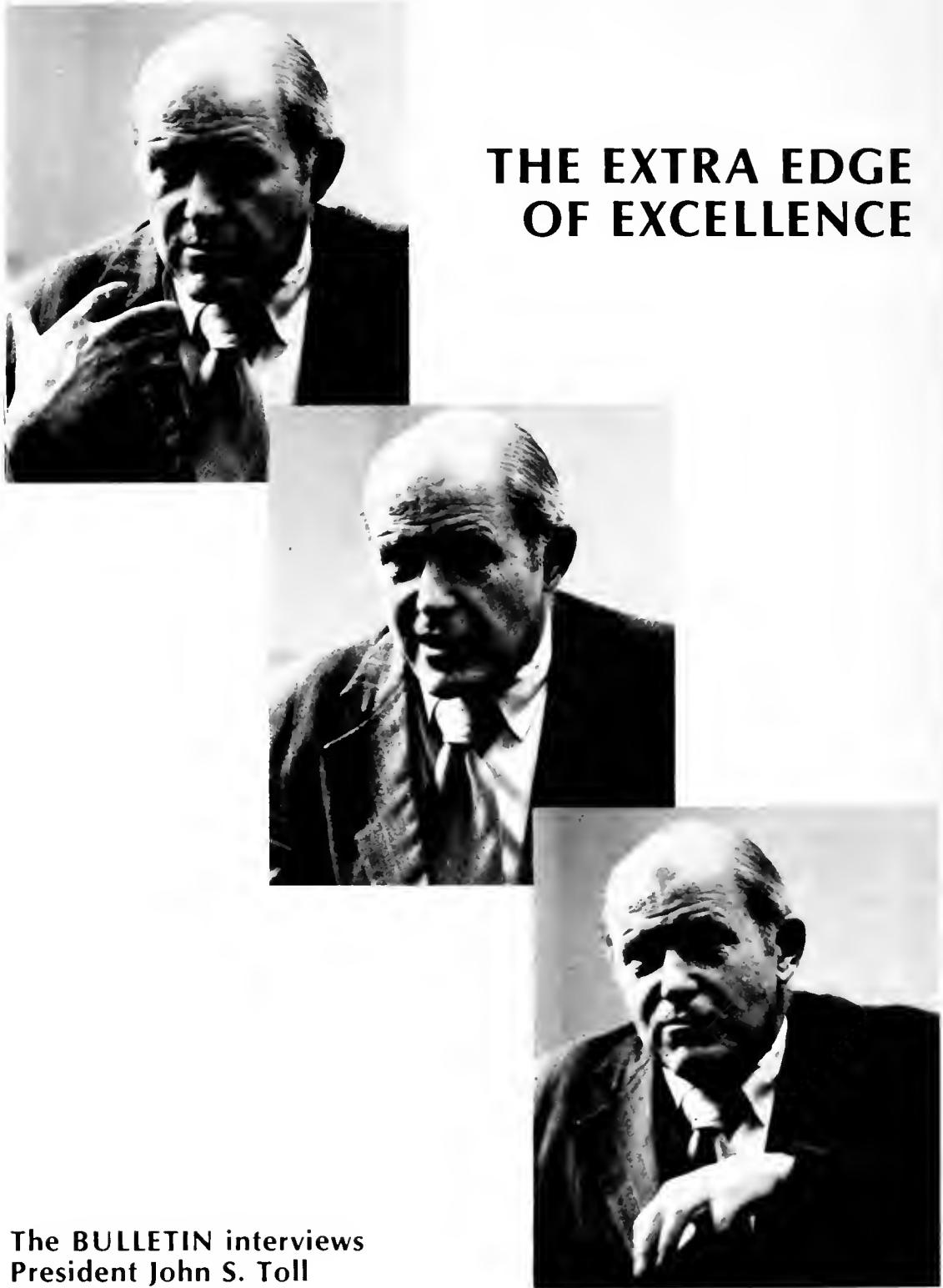
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THE EXTRA EDGE OF EXCELLENCE

The BULLETIN interviews
President John S. Toll

On December 20, President Toll was interviewed by the BULLETIN. A grant from the Carnegie Foundation has been received to study ways by which the University of Maryland might achieve excellence and become a leader among the universities of the country. Through this interview, the BULLETIN hoped that the role of our medical school and hospital, as seen by President Toll, could be defined for our alumni, faculty and friends.

Q: Dr. Toll, your stated goal to make the University in a decade become one of the best state university systems in the nation has the support of the readers of the Alumni Bulletin who are mainly the alumni and faculty of the School. Where did the Medical School and Hospital fit into your plans and objectives and how do these plans relate to the objectives of the Carnegie study?

Dr. Toll: The Medical School is the original school of the University of Maryland and typifies the role of the University of Maryland in excellent education, research and public service. We want to do all we can to continue the outstanding tradition of the Medical School and to strengthen its academic programs, research and services. I am very pleased at the progress that is being made. The University Hospital as a teaching hospital is the focus for a statewide system of life saving services and is also the principal focus for clinical teaching of students in medicine and other health professions. We are proud of the work being done at University Hospital in providing some forms of health care that simply are not available anywhere else. We want to do all we can to strengthen the hospital. Much is being done to develop both the Medical School and the Hospital with the addition of important new staff and new facilities. I am very eager to see that we proceed with these plans as rapidly as possible.

The Carnegie Project is an effort to look at the whole University of Maryland structure, not only the professional schools in Baltimore which have been the capstone and original source of the whole University system but also the large campus at College Park and its comprehensive programs, the developing campuses at UMES and UMBC, the worldwide University College Program, our extension programs in every county of the State,

and our many outlying research activities in CEEs and agricultural experiment stations. We are focusing particularly in the Carnegie Study on ways to make the University the academic center of the total intellectual and cultural life of the State and, in cooperation with the other institutions of higher education, to respond to the changing needs for higher education. Our plans recognize the increased need for professionals to keep updated in the changes in their discipline, and also the need for continuing education for those who are changing from one speciality to another. The University should serve as a catalyst for improvement of services throughout society and for attacking some of our major problems. The Project for New Directions for the University has been sponsored by the Carnegie Corporation because it felt that the University of Maryland offered a good example of how a large university system could help to restructure itself to meet the needs of the 1980's and to make the best possible use of its tightening resources.

Q: Are there any specific problems that you see as far as the University's Baltimore Campus is concerned and how do you think these particular problems should be attacked by the University? If I am putting you on the spot, say so.

Dr. Toll: There are problems but even more there are opportunities. In the professional schools particularly there is continuing high demand for admission, so we know there will be a continued pressures on enrollment; there are opportunities for research, and there are ways of relating well to other institutions as the University improves its stature. Specific opportunities have improved in the Medical School; recently we have expanded, through the Medical Teaching Facility, our facilities available for research. We are expanding our hospital facilities through the development of the Veterans Administration Medical Center, which will be a Dean's Committee Hospital closely interrelated with the total medical school teaching and patient care programs. This relationship along with continuing developing relationships with other institutions will help the University improve its programs in medicine and related fields.

The problems are those connected with tightening resources and the fact that we must find ways to support high quality in all of our services. Everyone is concerned by the

high cost of health care. We have to contribute by finding ways to prevent undue increases in costs of health care while at the same time providing for ever better care. I am proud of the record that the University has had in this respect but we are now working to do even more in making the hospital operation more efficient, justifying clearly where tax dollars are needed to support those services that cannot be supported totally through third party payors and other sources, and making sure that we are efficient as possible in every aspect of hospital operations. I hope we are making progress in getting public understanding of the unique role of the University Hospital, but there is much work to be done, as evidenced by recent discussions with the Health Services Cost Review Commission concerning a rate increase. While there have been misunderstandings at various early stages in the review of our applications, out of the discussions improved public understanding finally has emerged, and that is beneficial.

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Q: How would you deal with the lack of public understanding of the governance problems in the hospital that we see reported in the daily papers?

Dr. Toll: That is not a unique problem here. When I discuss at national meetings the problems of university hospitals, I find that this question of governance is being raised in many states. I was on a panel at one national meeting to discuss hospital governance; when I described the arrangement at the University of Maryland, representatives of other universities stated that Maryland had a particularly good arrangement for governance. Our structure carefully relates the University Hospital to the University as a whole through the hospital committee composed of members of the Board of Regents and appointed by the Chairman of the Board of Regents. Yet, at the same time, the hospital committee is given

the full authority for the operation of the hospital and therefore acts like the board of the hospital. Therefore, we have Regents on the Hospital Committee, particularly the chairman of that committee, who devote detailed attention to the work of the Hospital Committee. We also have a system of advisory subcommittees in which guidance is brought to the management of the hospital by outside experts in hospital management and top financial experts in this region. The top legal expert in this region in hospital management serves, for example, on the Executive and Fiscal Management subcommittee of the Hospital, along with the director of another hospital and a senior management expert. Every recommendation that I can recall having been made by one of these advisory subcommittees has been followed by the full Hospital Committee. They have contributed to the steady improvement of the hospital management.

We must spend more time explaining to everyone how the University is governed and to show that it is a good system of governance.

Q: Tell me, Dr. Toll, how is the search coming for the new chancellor for the Baltimore campus?

Dr. Toll: We have a very good search committee that is working hard. I know that they have identified more than 100 good candidates and are proceeding carefully to appraise them and to set priorities for approaches. We are still in the midst of the search. This is obviously an extremely important appointment and is attracting very good candidates. I am confident that an outstanding person will be appointed.

Q: What kind of problems do you come up against in the recruitment not only of the chancellor but of department heads and chairmen of departments.

Dr. Toll: The Medical School has been doing an outstanding job in the recruitment of departmental chairmen. Appointments in the basic sciences like Professor Albuquerque, Professor Blaustein, and Professor Shamoo and others certainly have greatly strengthened our basic science programs. We now are conducting important searches in clinical departments, and I have been participating in

interviews of some candidates for these positions. Obviously, when you aim to get people who are among the best in the country, you're competing with other institutions who can offer them great advantages. With our limited resources we have to offer a situation which is attractive in terms of opportunities for service, teaching and research for outstanding chairmen and the faculties they are asked to develop. I think that, with the developing arrangements with the Veterans Medical Center and others, with the improved medical teaching facility, with the State's understanding of the importance of an outstanding medical school, we are making progress in gaining the necessary resources. However, there is tight competition; we have had to work very hard to attract some of the good candidates.

Q: Tell me, Dr. Toll, what can we do to add private support from the alumni and others to our hospital and medical school?

Dr. Toll: Obviously, the main support for the University is provided by our own revenues which come from tuition and patient services and by tax support from the State and Federal governments. About one-third of the total University budget is supported by State tax dollars. The extensive support from the Federal government is mainly for research and some of the model programs in health care.

We must add to these, however, for important items beyond what the State will normally cover. Private support is particularly important in providing that extra edge of excellence, in bringing to the campus truly outstanding lecturers, fellows, and distinguished professors, or in providing scholarship support beyond the minimum available through State resources. Here, the support that the alumni and others have already provided has been very important. For example, Professor Henry Berger established the first distinguished chair named for an alumnus of the University. There have been a series of important distinguished lectureships provided by various alumni. There are special scholarships for those of greatest merit and need. Obviously, important support has been given by the Bressler Research Fund, and outstanding support for our programs in equal opportunity has come from the Josiah Macy, Jr. Foundation and others. This outside support is very

important; it allows us to initiate new programs, to get the very best people and to support the most outstanding students. It helps to set the tone of excellence in the University in a way that takes it away from the ordinary and makes it truly great.

Private support is particularly important in providing that extra edge of excellence...

Q: Is there something in particular you would like to address to the alumni of the Medical School?

Dr. Toll: We are very proud of the alumni of our medical school. We recognize that our Medical School has been the principal source of medical practitioners for the State of Maryland and that many of them have also provided distinguished service throughout the world. We recognize that the medical school has established qualities of excellence and responsiveness that we want to pursue throughout the University.

It is particularly important to have help in bringing to the attention of others the high quality that exists in the University of Maryland Medical School. I find when going around the country that others realize the high quality of services here more than people in the State of Maryland do. It is a puzzle to me that locally we seem to be relatively invisible. Few people within the State know of the leading work that is being done here. For example in the tragic area of crib death or the Sudden Infant Death Syndrome, the largest research grant awarded by the federal government was to the University of Maryland School of Medicine. Our Shock Trauma Unit is considered the best in the world. The Baltimore Cancer Research Center, which is a cooperative endeavor between the University of Maryland and the National Institutes of Health, is certainly a leader in its field. Here aspects of cancer treatment and research are among the finest in the world.

In other words, we have, within our medical school and its affiliated operations, programs of remarkable high quality of which most people are unaware. Occasionally, some aspect of the work catches the public attention, like

the recent operations of Dr. Edwards, where the newspapers reported that the patients come here because he is treating those who would otherwise be considered inoperable. This is the only place in the world where they have been able to get the kind of lifesaving operation which gives them the chance for a rewarding and continuing life.

That kind of effort is not an isolated example. It grows out of continued attention to the most sophisticated health care. The work of Dr. Edwards developed from work with many patients showing gradually increasing complexity. It is part and parcel of the role of the University of Maryland School of Medicine in always pushing forward new forms of treatment, always seeking out better ways to care for people in ever more economical and effective ways. Most people do not understand that this complex tradition, which is not easily built, has been developed here at the University of Maryland in many areas. I am very proud of the attainments of our medical school. The alumni can help a great deal by bringing to the attention of others the good work that is being accomplished, the high quality that it represents, and its importance to the health care in the State of Maryland

Q: A few things come to mind. For instance, in the search for the chancellor, when do you expect that you can have Dr. Kuhn's total services in your office?

Dr. Toll: We hope that we will be able to locate a new chancellor in time for the 1980-81 year. That is our goal. However, we are much more concerned in getting the best possible person than in making a premature appointment. If, in order to get the best person, we have to wait a little while, we will do so. Fortunately, Chancellor Kuhn has done an outstanding job here and has very strong support.

In the health areas, Vice Chancellor Dennis gives oversight to all of the academic programs in the health areas as well as serving as Dean of the Medical School. All of the deans are well qualified and are doing an outstanding job with their respective schools, so that the campus continues to operate well under Dr. Kuhn's leadership as we conduct the search for the new chancellor.

The UMAB chancellorship is an extremely important and demanding job, and we must find the best possible person. We have set very high standards for the search committee

in achieving that goal, and I know we are getting applications from very well qualified people.

... the support that the alumni and others have already provided has been very important.

Q: Might I ask a leading question? Do you think this issue, which has come to public attention, of governance being the source of the ills of University Hospital is a scapegoat type of issue much like the American hostages are used to cover the internal problems of Iran?

Dr. Toll: To me it's a puzzle. I do think it's clearly not the real issue. The University governance for the hospital is an excellent system and it's not really the fundamental problem. The issue that has basically troubled people has been the question of fiscal management. Everyone has agreed that the quality of care has been good. That's been clear in all the reviews by the Joint Committee of Accreditation of Hospitals and others. Therefore, the only issue has been fiscal management. This has been criticized. The criticisms were taken to heart. In part, they required changes in the University systems which took time but when I arrived here on July 1, 1978, this problem was very much under discussion, so we worked on it immediately.

... outside support... allows us to initiate new programs, to get the very best people and to support the most outstanding students.

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In January, 1979, we brought in a new director of fiscal management for the hospital and we have worked steadily to strengthen that area. Thirty-five positions were transferred to the hospital fiscal operations to help in the

collection of accounts receivable. We set up a plan for reduction of accounts receivable. Average delays in collection of accounts receivable originally started out well over 200 days, then went down to 129 days, is now down to less than 100 days and is going to be steadily reduced to a final goal of 65 days. We are on target in carrying out that plan.

We set a goal of increased bed occupancy and that is being met. We set a goal of collecting an increased percentage of current billings and that is being achieved. So, the hospital is in fact moving ahead in accordance with established goals for achieving various fiscal targets. We also introduced a new accounting system which is in accordance with the accounting systems now used for modern hospital management. This took time to install but was operative by July 1, 1979, and has provided us with a set of books that everyone can find useful and that will permit us to receive an acceptable audit. This accounting system will allow us, after a year's records have been obtained, to identify cost centers within the hospital and will help to identify where there is need for tax dollars if services are to continue.

In other words, we have set out a program for dealing with the criticisms of fiscal management. We are following that program and can show clear progress. But, unfortunately, as critical audit reports which are several years old are publicized, they help to fuel the feeling that something drastic should be done. In fact, the proposals that have been made to change governance would be likely to increase costs and to decrease efficiency. I am most concerned that any change in governance would decrease the quality of the personnel we could attract; and that is the most important concern. Maintaining the effectiveness of the hospital and the present high quality of patient care requires attraction of the best personnel. For example, in the recruitment of a chancellor, it's very important in getting the best persons to state unequivocally that the chancellor will have responsibility for the management of the hospital as well as the rest of the campus and for their close interrelation. I am confident that, after there is adequate public discussion, the need for continuity in administrative arrangement and for the very close interrelationship between the University Hospital and the University Medical School, which provides the personnel responsible for care in the hospital, will be understood.

The management program will continue. There has been a steady reduction in the proportion of the hospital's budget that is supported from State tax dollars. We are eager to see that we do everything possible to collect the fees to which the University is entitled from third party payors and patients. But we can never hope that all of the University Hospital services can be supported from those sources. Major state university hospitals in urban centers always get substantial funds from state tax dollars. In New York, the public hospitals in the city receive a quarter of their budget from state and local tax dollars. Our hospital has been running with substantially below 15% in tax support so we are doing a good job with a smaller proportion of State support than is the case elsewhere.

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Some of the services inevitably must have continuing State support, because they provide the sophisticated tertiary care or final resource for the best quality in health care throughout the State. For example, we have a hyperbaric chamber in the Maryland Institute for Emergency Medical Services which can be used to treat anyone who has an accident underwater; that hyperbaric chamber is only in use when you need it or when it's being used in a research problem. You can't expect the costs charged to individual patients to pay for the continuing availability of that expensive service. So, there has to be a reasonable division between patient charges and basic support from the State if we are to have the ability to respond to such emergencies.

There has to be reasonable support for teaching services and for certain areas of care where there simply aren't the resources available to cover the costs. That's been true, for example, in the children's residential programs in psychiatry. These are very important services. They are supported elsewhere with

tax dollars. We should expect to receive partial support from tax dollars at the University of Maryland as well. We have managed and will continue to manage a lower level of State tax dollar support than many other state institutions.

Q: You don't anticipate too much trouble with the State legislature? That too is a leading question.

Dr. Toll (Chuckling): Yes. The State legislature is interested in reducing State expenditures in every way they can and there has been a belief among some State legislatures that a change in University Hospital governance might lead to a reduction in expenditures I think, the opposite is the case. I am hopeful that we will be able to explain that to the legislature and to show them we are taking the steps to get maximum return for the State's investment in University Hospital.

We have many different groups to which we have to go to get the necessary support for the hospital. Perhaps health care is the most regulated service in our society today. Therefore, we have to have simultaneous approval from the General Assembly, the Health Services Agencies, the Health Services Cost Review Commission, and all of the budgetary authorities in the State in order to provide for a properly functioning hospital which serves as a major health care facility for the State.

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in bringing to the attention of others
the high quality that exists
in the University of Maryland
Medical School.*

The focus of health care in the State is on the University Hospital and the Medical School, where we train more available medical practitioners and other health professionals for the State than anyone else. Yet it is a State-wide system of health care and the Medical School has responsibilities for programs elsewhere in the State as well. We have affiliations with key hospitals which are important to the training of medical students

and the provisions of health care and the training of residents. We also have an Area Health Education Center in Cumberland, two in the center of Baltimore and we are starting one on the Eastern Shore. I am very proud of the fact that the University of Maryland Medical School has been a leader in developing this nationwide concept of Area Health Education Centers. The Area Health Education Center program has been well run and is a good way of helping to train physicians and other health professionals in the geographical areas where there are special needs; the Area Health Education Centers broaden the training in a helpful way and also provide needed health care in outlying regions of the State.

Our medical school has continually been in the forefront in the changes of health care. It has also always been in the forefront in research, including early pioneering research in typhus and typhoid down to the present.

*I am very proud
of the attainments
of our medical school.*

Q: And further back than that. That's in our day.

Dr. Toll: Yes. Well, I was thinking of research, particularly that of Dr Woodward, who is Chairman of Medicine, and who was very much involved in the earlier research in those areas

Just let me add one more point. I have been very pleased at the overall direction of the Medical School by Dean Dennis, and by Associate Dean Morton Rapoport. I think that they have provided outstanding leadership for the school and have worked superbly under Dr Kuhn's guidance in developing the school to the present high level

Q: Thank you, Dr Toll.



*The treatment of a disease may be entirely impersonal;
the care of a patient must be completely personal.*

Francis Weld Peabody
1881-1927

Two Philosophies of Caring

D. Gary Benfield, M.D., '65

Abstract

Two philosophies of caring for the critically or terminally ill are commonly used in medicine. The first is oriented to the disease in the body in the bed (disease-oriented). The second, though concerned with the disease in the body, focuses on the human need of each patient and family (person-oriented). Two brief examples illustrate the painful problems created by a disease-oriented approach. A third example, using a more personal approach, shows how a family can be helped to accept their loved one's death, participate in that process, and resolve their loss with healthy grieving.

Introduction

Twentieth Century America can be characterized as a place where relationships between people in various walks of life have become increasingly impersonal and dehumanized. Just as mass production and computerization influence our lives at every turn, the hospital practice of medicine has come to resemble an assembly line where people are perceived as "things" and patients as "pathologies."⁷

From my personal observation and the writings of others,^{5 6} two philosophies of caring in medicine seem to exist. One is oriented predominantly to the disease in the body (disease-oriented) and the other, though primarily concerned with disease in the body, focuses more upon the needs of the individual patient (person-oriented). At the risk of oversimplification, let us explore how each of these two philosophies influences the care of critically or terminally ill patients and their families.

Disease-Oriented Care

The disease-oriented philosophy is common in medicine. Actions based on this concept, in concert with advances in technology, have brought great benefits to people throughout the world; many diseases have been prevented or cured, and disability has been reduced. This philosophy demands that using the latest in medical technology, health care personnel aggressively treat "the disease in the body in the bed." Though admittedly, medical technology should continue to advance, a difficulty with this attitude is that caregivers may ignore patient views and think that death always must be postponed. Thus, a disease-oriented philosophy of caring can create painful problems for terminally ill patients who wish to die, as illustrated in the following story adapted from an article by N. L. Caroline.⁴

A 78-year-old man was admitted to a midwestern teaching hospital for treatment of bowel obstruction. He believed

that he was dying, but no one would listen. When attempts to resuscitate his elderly roommate, suffering from cancer of the colon, who laid naked in a pool of excretions, were unsuccessful, the patient frantically implored the doctor: "Please don't ever do that to me. Promise you won't ever do that to me."

Three days later, the patient developed congestive heart failure and was intubated and placed on a respirator, against his will. During the first night of respiratory assist, the patient was found dead in bed. He had awakened, reached over, and switched off his respirator. On the bedside table, the doctor found a scribbled note: "Death is not the enemy, doctor, inhumanity is."

Dr. Caroline describes the 20th century as the "Age of Arrogance." In the tertiary-care hospital setting, all indiscretions are tolerated except death. To die is an unforgivable breach of faith with the staff and an outrage against physicians, nurses, and others. In the Age of Arrogance, man does not have to die—at least not at the conventional time. If his kidneys fail, he can be sustained by dialysis; if his lungs tire, a respirator can help him to breathe. Even man's heart can be bypassed or maintained mechanically. Man's appointment with death must be rescheduled whether or not he agrees. For the disease-oriented physician, death is the enemy.

Because the physician often is considered to "know best," patients and families may acquiesce to the disease-oriented approach and not realize that all options for caring have not been explored. In this way, patients and families may experience dehumanizing indignities, economic hardship, and emotional upheaval. For little or no gain, patients, families, and nursing personnel may suffer a great deal, as illustrated in the following story.

Immediately following an automobile accident, a 40-year-old man was admitted to the hospital in a comatose condition. Emergency CAT scan showed massive intracranial hemorrhage. He was intubated, placed on a respirator, and transferred to the intensive care unit (ICU). The family was informed of a "very poor prognosis" at that time.

Although an electroencephalogram (EEG) was isoelectric on both the second

and fourth hospital days, the family had no communication from the attending physician except to be told that the outlook was "very poor." The patient continued to receive respirator care in the ICU until the twelfth hospital day, when a crisis developed: the ICU was filled to capacity. A decision was made to transfer the patient to a general medical floor, an area where the nursing staff has never before cared for a respirator patient.

Following a 24-hour period, during which the nurses on the general medical floor received a "crash course" in respirator care, the patient was transferred out of the ICU. Two days later, he died.

Comments from two of the general medical nurses who cared for the patient highlight the suffering and sense of frustration felt by individual nurses and the patient's wife.

Nurse 1—"I was so scared because I didn't know that much about respirators and I feared doing something wrong that might cause his death. His wife sat beside him, cried a lot, and looked so pathetic. Her questions upset me and I never knew what to say to her. I felt like I wanted to go somewhere and have a good cry. How do you talk with his wife? How far can we go? Where were the doctors? They would visit for maybe ten minutes in a day. We were involved 24 hours a day. It's easier for them—they can leave and see someone else—we can't."

Nurse 2—"When the physicians made rounds, they would check the respirator, listen to his heart and lungs, write new IV orders, and leave. They never said anything to us or the family. If he had brain death, why did they continue with everything?"

"You know how some doctors are—they don't want nurses to tell the patient or the family anything. They say that they will tell them. But they don't tell the family anything other than: 'It doesn't look good' or 'His condition is critical.' Where does this leave the nurses when the family says: 'Is he dying?' or 'How long will it be?' It happens all the time and makes me mad! I felt so helpless. It gave me such a feeling of failure and worthlessness that I could only go in and do what I could and then leave the room."

The entire staff was affected. All of a sudden everyone walked around with a serious expression—almost a frown. I didn't want to come to work.

The disease-oriented philosophy assumes that "life" is all that matters—to have a patient die is a sign of failure. When questioned concerning this approach to caring, some physicians may consider that raising such issues is an affront to their medical competence or integrity. After all, some physicians may feel that they are trained to treat, to cure at all costs, rather than practice a more humanitarian approach to the art of healing. Moreover, when the myth of "legal rightness" prevails, the patient and the family become victims of the tyranny of technology; technical considerations dominate decision making and push aside personal and familial notions of right and wrong.

The second patient described had suffered "brain death."¹ Despite this, his physicians maintained his vital functions and ignored the feelings and desires of the surviving family and nursing staff as they drifted in quiet desperation from day to day. Ironically, the physicians probably were unaware that this practice was inflicting pain. Without risking time or emotion, they simply examined the patient, wrote their orders, and walked out.

*In person-oriented care,
"quality of life"
is a primary concern.*

Person-Oriented Care

In this philosophy, "quality of life" as seen by the patient (or his family when the patient is incompetent) is a primary concern. Patients and families need the opportunity and, if possible, the time to understand the condition, the treatment, and the limitations of outcomes. Then, if professionals are willing to share the responsibility and the agony of deciding care, one important aspect of a person-oriented philosophy becomes evident: the patient may be relieved of suffering from

disease or pointless dehumanizing treatment. Simultaneously, the family may have the opportunity to adapt to their expected loss through anticipatory grieving. Just as close, early parent-infant contact may enhance the development of healthy relationships for a living child so may similar contacts help the grieving relatives of a dying person at any age. The following story illustrates this point.

It was 4:00 A.M. when we paused by the respirator which was attached to John and Mary's baby, Tommy. Tommy was blue; his heart rate slowed perceptively as John, Mary, and I watched. He had lived for 41 days. Now it was time to die. His heart and lungs could be kept functioning indefinitely with the help of our machinery and drugs. But that tactic would be treating ourselves—our feelings of helplessness and pain over his irreversibly damaged lungs.

Once again I reviewed in detail the events of the past 41 days with John and Mary. "You both know from our previous discussions that Tommy's lungs are severely damaged and that he has required 100 percent oxygen for several weeks just to survive. Now he has pneumonia and the infection is spreading to other parts of his body. We have several options, one of which is to consider removing the respirator and letting him die peacefully. There is a limit to what we can do and I believe that we have reached that limit."

Without a word, first Mary and then John placed their hands in the incubator and gently rubbed Tommy's body with soft, soothing caresses. Then, in an almost inaudible whisper, John asked, "Can we hold him when he dies?"

A tear trickled down my cheek. "Yes, you can hold him. He is your baby—you have that right." I suggested that it was time to stop. They both nodded in agreement.

They were led to a nearby room while I went back to Tommy. The wires attached to the cardiac monitor as well as the temperature probe and the nasogastric tube were removed. The gauze packing was taken from his mouth and the endotracheal tube extracted from his airway. Carefully, he was wrapped in a blanket and carried to his mother and father in the adjacent room.



We'll never forget the beauty of that moment.

As we sat and reminisced about Tommy's life, John expressed his appreciation. He said, "I've learned a lot during the last 41 days. Though Tommy weighed only two pounds at birth and needed a respirator to help him breathe since he was born, the nurses and doctors didn't stop caring."

I interrupted briefly to listen to Tommy's chest for the sound of a heart beat. There was none. It was over.

No one seemed in a hurry to leave. We were drawn to the moment. We just sat and held Tommy. "Tommy, we'll miss you," John said. "It has been a good six weeks." (Strange, the past six weeks had been difficult for me... the worry, uncertainty, and guilt. But for John, it had been different.) I was touched by the feeling that flowed among us. We had spent long hours caring for Tommy and his parents; they, in their way, had ministered to us as well.

Following Tommy's death, we discussed the value of an autopsy with the parents and they agreed. We helped them plan the funeral and offered the opportunity for a follow-up discussion. They returned several weeks later to relive the story of Tommy's short life and to discuss the findings of the postmortem examination. As they were about to leave, John said, "Thank you for being open and honest and allowing us to hold our baby when he died. We'll never forget the beauty of that moment."

In this example, physicians and nurses had maintained open and honest communications between themselves and with baby Tommy's parents from his birth. The physicians, nurses, and parents grew to appreciate the limitations of technology and together, after long and anguished hours of deliberations, arrived at the final decision to discontinue life support when all hope for survival had vanished. Continued follow-up with these parents supports the belief that parents can participate as partners with their physician in difficult infant-care decisions, even when death results, and subsequently make a healthy adjustment to their loss.²

In a pluralistic society composed of persons of differing backgrounds with differing

values about terminal illness, dying and death, some conflict is inevitable. On one hand, the patient or his family may resent the intrusion of others into their private lives. For those patients and families, a disease-orientation may meet their needs. On the other hand, patients and families usually welcome the opportunity to discuss their feelings and desires openly and honestly with a concerned caregiver. Handling this responsibility for caring requires hard work and a commitment from all parties concerned; it should include plans to care for the caregivers as well.

Obstacles to Person-Oriented Caring

Just as the modern hospital may be the greatest enemy of meaningful death,³ it may be the greatest enemy of meaningful living for patients, families, and personnel. There are at least five major factors which obstruct person-oriented caring.

One serious barrier to rendering care is the lack of teamwork among health care providers. In large measure, this is due to the classic, rigid, vertical structure of the system with the physician at the head of the team, the other caregivers under his administration, with the patient and family beneath them all.

A second deterrent, one faced by nurses in the hospital setting especially, is the scarcity of time. The hospital system rewards nurses for "getting work done" and keeping the organization running smoothly.

Third, the stereotype of the nurse as a technician in critical care areas holds that the nurse should be more concerned with the machinery surrounding the patient than with the patient's care. In the intensive care atmosphere, patients or their families may be reluctant to express their fears of dying, or desires to die, and staff members may be too busy with monitoring the patient's physical condition to listen.

A fourth deterrent to caring is the feeling expressed at one time or another by caregivers that they lack training in caring for critically ill or dying patients and their families. When they have to meet the terminally ill face to face, classroom theory may prove woefully inadequate for the nurse, physician, social worker, minister, or hospital administrator.

Finally, communication is a major problem which relates to each of the first four factors

Caregivers frequently do not know what the patient or his family have been told by the physician. Yet, nonphysicians may be the very persons approached by the patient or family for clarification—perhaps because patients and families are more comfortable with those persons. In other instances, the physician may choose not to inform the patient of the diagnosis, a choice which may produce conflict between personnel, families, or both.

According to Menninger, "It is not enough for physicians to provide the best technological care available; they also have a responsibility to treat the patient as a 'whole person'." Until physicians recognize the value of person-oriented care and take a leadership role in restoring the human touch, personalized caring will remain a latent dream.

An Afterthought—As I complete this article, my father lies stuporous before me in his hospital bed, dying of cancer. He is soaked with sweat, totally dependent on others to move him, feed him, bathe him, and wipe him. This is the stark reality of man in need at the most basic level. There is no formalized caregiving team here, and there are no conferences to plan strategy for the terminally ill. It's a small community hospital like so many throughout the United States.

In this hospital, aides lift the patients, empty their excrement, bathe the patients, and change the beds. An aide shuffles by mumbling obscenities under his breath and doing his job grudgingly. I want to reach out and say to him: "Stop and listen to me. You have the most important job in this hospital. My father needs you; he depends on you; he is grateful to you." Somehow, I just can't say it.

He doesn't even know that I exist, except as another meddling relative.

Imagine! The aide is more important to my father than all the nurses and doctors combined. How little we know about caring!

Acknowledgement

This paper was written to fulfill a course requirement in the Department of Philosophy, Kent State University, and was subsequently published, in part, in the August 1979 issue of the Ohio State Medical Journal. I am indebted to Raymond S. Duff, M.D., Department of Pediatrics, Yale University, and to Patricia James, Ph.D., Department of Philosophy, Kent State University, for sharing their ideas and for their continuing encouragement.

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Risk Management

Risk management, a relatively new term in hospital management, has developed into an all encompassing description for all aspects of hospital operations which could bring harm to the hospital as an organization, to its staff, or, above all, to the patients it serves.

The combination of the two words—risk and management—implies that the former can be controlled through application of techniques associated with the latter. It is this concept that today has great influence on many hospital organizational structures. The potential for loss through adverse civil court findings has virtually mandated a careful evaluation of each phase of hospital operation as well as the investment of considerable resources to minimize this potential.

Carefully constructed risk management programs will include a structured fire and safety program which adequately addresses both staff and patient activities. A well functioning building and grounds maintenance program is required to minimize the hazards associated with patient and staff injuries resulting from defective equipment and facilities. The presence of a security force is required to protect the hospital's patients and staff from physical harm as well as to preclude the loss of supplies, equipment and personal property through theft.

While each of the above elements of a risk management program is essential, the greatest potential for loss today occurs through medical malpractice claims. No risk management program can be successful unless it includes a carefully developed program to detect, document and decisively handle potential medical malpractice incidents. A well developed and efficiently functioning quality assurance program is also an essential ingredient if malpractice problems are to be minimized. However, when such events occur, the risk manager must be in a position to actively influence the organization's action and reaction if the organization is to be placed in the best possible position should civil court action ensue.

Even a cursory review of the components listed above makes it readily apparent that a team approach is required in today's hospital if a risk management program is to be successful. No one individual can possibly effect all the action required. This risk management team must be representative of all elements of the staff and be adequately supported by an educational program to assure maximum participation at each level of the organization.

Risk management has become an economic and operational necessity, rather than a luxury, in today's hospitals. It is no longer a question of when, rather it is now a question of how to organize to achieve the maximum benefits from such a program.

John L. Midkiff, Jr.

Associate Director for Operations at the
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PROGRAM OF CONTINUING EDUCATION

Dermatology Days

For the first time since the "Dermatology Days" program was initiated five years ago, it was held off-campus in Ocean City, Maryland at the Sheraton-Fontainbleu Hotel. The ideal weather and excellent meeting facilities were enjoyed by the 105 registrants representing 14 states and were in keeping with the quality of the course arranged by Dr. Joseph W. Burnett and Dr. Harry M. Robinson, Jr. '35, course directors.

The scientific agenda began with live case presentations by Drs. Masten, Stephenson, Niebyl and Berry, a group of Eastern Shore dermatologists. The registrants were divided into small groups each under a University of Maryland staff dermatologist who pointed out the diagnostic features of each of the 17 patients. The groups examined the patients and then assembled for case discussion moderated by Dr. Burnett. Participants on the panel were Dr. Irwin M. Freedberg, Dr. Ronald Goldner, Dr. Leonard C. Harber, Dr. Harry J. Hurley and Dr. Robinson.

The cases presented included Reiter's disease, mycosis fungoides, bullous pemphigoid, pityriasis lichenoides chronica, scleroderma, psoriasis, sarcoid, granuloma annulare, disseminated granuloma annulare, telangiectasia eruptiva macularis perstans, cold urticaria, urticaria pigmentosa, and various manifestations of discoid and systemic lupus erythematosus.

The 68-year-old man with extensive psoriasis evoked discussion concerning treatment by PUVA, Goeckerman therapy, methotrexate, and systemic steroids. The management of lupus erythematosus in its various aspects was discussed in detail. Dr. Richard Susel, an ophthalmologist, spoke about the necessity for careful, periodic eye examination of patients who receive antimalarial therapy. The value of sun screens and the necessity for avoiding unnecessary exposure to sunlight were stressed. The panel commented on the nomenclature of parapsoriasis with particular reference to pityriasis lichenoides chronica. Topical anti-pruritic lotions and ultraviolet and natural sunlight as

therapeutic measures were evaluated. The patients who had both localized and disseminated granuloma annulare were considered to represent a dermatological enigma for which there was no therapy. Although it was recognized that systemic steroid therapy would cause the lesions of granuloma annulare to disappear, the panel members felt that such therapy was not justified. Reiter's disease, as originally described and as modified subsequently, and the relationship between pustular psoriasis and keratosis blennorrhagica also were discussed.

Dr. Stanley N. Yaffe moderated a session at which a paper on basic immunology and contact dermatitis was presented by Dr. Joan Raskin. She discussed the lymphocyte distribution in man and reviewed fundamental characteristics of thymus-derived (T) cells and bursa-derived (B) lymphocytes as well as immunologic reactions and their causes. Dr. Raskin elaborated on the differentiation between allergic contact dermatitis and primary irritation dermatitis after which Dr. Michael R. Mardiney presented an update on immunologic testing. He suggested a work-up for disorders of the immune system. Next, Dr. Kenneth Judd gave an excellent presentation on immunology as related to dermatology.

Two concurrent open forums were held; one for dermatologists moderated by Dr. E. H. Silverstein with Dr. Hernandez, Dr. Judd and Dr. Raskin as panelists and the other for generalists, moderated by Dr. M. Eugene Tudino, whose panel consisted of Dr. Harber, Dr. Wolfe and Dr. Mardiney. The general practitioners were concerned with everyday problems presented in practice such as tinea pedis, tinea versicolor, acne vulgaris, and urticaria.

In another session, moderated by Dr. Albert Shapiro, a presentation by Dr. Hurley considered sweating disorders including the cause, diagnosis and treatment of hyperhidrosis and hidradenitis suppurativa. Dr. Freedburg then spoke on keratinization disorders and the nature and development of keratin. Among the clinical entities discussed were ichthyosis, keratosis pilaris, and ectodermal defects. Dr. Harber covered photo-

dermatoses such as porphyria cutanea tarda, lupus erythematosus, and other conditions affected by exposure to sunlight.

Simultaneous open forums again closed the session. The panel for dermatologists, moderated by Dr. John H. Stone, was formed by Dr. Freedburg and Dr. Harber. Most of the questions raised by the dermatologists in the audience concerned the three presentations mentioned above. The second panel for generalists, chaired by Dr. Carolyn Pass, included Dr. Michael Gould, Dr. Larry Warner and Dr. Hurley and covered general skin care, tinea pedis, aphthous stomatitis, and sunlight protection.

During a meeting moderated by Dr. Eugene S. Bereston, "Update in Dermatological Therapy" was presented by Dr. Burnett who introduced clinical pictures of various mycotic infections and discussed the topical and systemic agents used in their treatment. "The Modern Diagnosis and Therapy of Dermatophytes," presented by Dr. Alfred Hernandez, included excellent clinical pictures and discussion regarding drug therapy of various conditions. A forum for dermatologists, moderated by Dr. Charles Samorodin, included Dr. Burnett, Dr. Hernandez and Dr. Judd on the panel. Another forum for generalists, moderated by Dr.

Frederick N. Pearson, included Dr. Mouta Dilaimy, Dr. Robinson and Dr. Gould. The necessity for cultural confirmation of mycotic infections was explained and many of the practitioners expressed interest in learning the technique. Other problems discussed included contact dermatitis of the feet, use of deodorants, treatment of seborrheic dermatitis, management of cradle cap, and treatment of contact dermatitis. A problem solving session, moderated by Dr. Shapiro, included Dr. Freedburg, Dr. Hurley and Dr. Harber. Slides were viewed of problem cases such as perioral dermatitis, seborrheic dermatitis, severe acne conglobata, and other serious dermatological problems. This type of symposium was well received and discussions were pertinent and lively.

Several factors accounted for the success of this meeting: the guest faculty from the Johns Hopkins University, University of Pennsylvania and Columbia University medical schools augmented the dermatological faculty of the University of Maryland and the simultaneous discussion sessions designed for dermatologists on the one hand and generalists on the other.

Joseph W. Burnett, M.D.
Harry M. Robinson, Jr., M.D., F.A.C.P.

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1963	1,800.00
1964	1,075.00
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1979-80 Phonothon Report

William J. R. Dunseath, Jr. '59, Chairman

Most of you know by now that the Phonothon was conducted during the last week of November, 1979 and it is my pleasure to report that a total of \$129,763 was pledged. This figure slightly exceeded our goal and, happily, represents a steady annual increase for this effort.

All this, with the help of 56 physicians to do the calling, made this a most enjoyable experience. Several callers were so enthusiastic about the undertaking they continued making calls after the event had officially ended. I think the enthusiasm was infectious as most of the time, during the evenings worked, those participating indicated great relish for their efforts. I must cite the work of the office personnel of the Medical Alumni Association in preparing the cards, lists, letters, refreshments, and in giving extra time to do the legwork required for follow-up on the phone calls and pledges.

I thank Dr. Eli Galitz, national chairman of the 1979-80 Annual Fund and Dr. Virginia Huffer, president, for inviting me to participate as Phonothon chairman, and I extend my best wishes for a smashing success of the total effort for this year.

You will note in the final listing of pledges by class, that some of the classes washed out as we were unable to find representatives to serve as callers. This is particularly disappointing when one notes the success of the efforts in the classes of the 70's which were represented. The pledges for the classes of '72 and '73 are particularly gratifying to me when one considers the oft-repeated opinions that interest in alumni associations is diminishing in the more recent graduates. This shows me that interest, not only in the Association, but also in the School, is very much present in our younger alumni and that we should strengthen our resolve to foster that interest.



"Don't take NO for an answer...get a pledge!"

Bill Dunseath



Joseph Orlando '67, Murray Kappelman '55



Gary Ehrlich '65, Morton Rapoport '60



John Dennis '45

Daniel Ehrlich '43, Leonard Warres '38, Walter Smyth '54, Thomas Hunt '54, Jean-Jacques Gunning '54, Bernard Karpers '62, Charles Henderson '57



PRESIDENT'S MESSAGE

Virginia Huffer, M.D.



Dear Fellow Alumni:

The Board of Directors of the Association took an important and wise step in appointing Mrs. Jean Goral as our Executive Director. Mrs. Goral has a thorough knowledge of the workings of the organization, having been the Assistant Director of Alumni Affairs for the past five years, a period which has been marked by growth in membership and interest.

Students, faculty and alumni enjoyed the annual Oyster Roast given in honor of the junior class. We were all pleased and honored by the attendance of President and Mrs. John Toll, as well as Robert Maddox, President of the Maryland Alumni, International.

The Annual Fund drive was spearheaded by Eli Galitz '43, of Florida. The gratifying success of the Phonothon was due both to the generosity of the many alumni who made donations and the dynamic leadership of William J. R. Dunseath '59 and his volunteers. We are all greatly indebted to Bill Dunseath for the success of the Phonothon and for his unceasing efforts and ability to attract a number of alumni to become members of the John Beale Davidge Alliance. I urge you to read the special article on this Alliance.

In early February, a Wine and Cheese party was held for first and second year students to introduce them to the Alumni Association and its activities. Faculty members who add so much to the instruction and to the introduction of clinical medicine to these students in the pre-clinical years were invited as well as the physicians from the community hospitals who contributed so freely of their time and knowledge in the instruction of these students.

We anticipate having a comparable party for the physicians in the affiliate hospitals and in practice, who likewise contribute to the education of the junior and senior students who rotate in their community hospitals.

The plans for the restoration of Davidge Hall have been in the making for about ten years. With Dr. George H. Yeager's devoted leadership, we thought that funds were finally available to proceed with the actual restoration. But, alas, due to inflation and several other setbacks, we are still in need of considerable monies. Rather than turn to alumni again, we plan to seek funds from outside sources. Wish us success. If any alumni have ideas as to companies, individuals, foundations, etc., who might be approached, we would most certainly appreciate hearing from you.

By the way, as a reminder, a recent dues notice has been mailed to those of you who forgot to remit this meager fee and to those who have never gotten around to being dues-paying members. Our dues support all the activities of the Association except for fund raising. We will most certainly appreciate your taking the time to write this check. Thank you.

And last, we do hope that all of you, especially the five-year reunion classes, have marked May 27 and 28, 1980 on your calendars for a trip to your Alma Mater for the Medical Alumni Reunion. Looking forward to seeing you in May.

— Have You Heard About The John Beale Davidge Alliance? —

To recognize alumni and friends who have made generous contributions, the School of Medicine and the Medical Alumni Association founded the John Beale Davidge Alliance. The exceptional support provided by its members enables our medical school to continue the tradition of education and care which it began in 1807 under the leadership of John Beale Davidge, M.D., first dean of the School of Medicine, for the people of the State of Maryland.

Membership has but one major purpose: to recognize the exceptional devotion and support of a group of individuals committed to excellence. Increasingly, special donors are depended upon, as greatness is reached, to meet immediate and long-range challenges and opportunities. Their leadership encourages and sustains the quest for extraordinary achievement at the University of Maryland at Baltimore.

All alumni and friends are eligible for membership. Memorial memberships are also encouraged. Membership may be obtained through:

- A gift of \$10,000 or more in cash, securities, property, or gift-in-kind
- A pledge of \$10,000 or more in cash, securities, property, or a gift-in-kind to be paid within ten years
- Establishment of a deferred gift of \$30,000 or more payable by various means including a bequest, insurance program, trust agreement, or other acceptable arrangement

The donor may elect to become a simultaneous member of the Presidents Club of the University of Maryland system. By so doing, the donor also may obtain life membership and permanent recognition from the University's Presidents Club.

A plaque will be installed in Howard Hall Tower (near the freshmen and sophomore lecture halls) on May 28, 1980 during the Alumni

Day activities. The names to be engraved on the plaque (including ten members who have joined within the past four months) are:

Dr. and Mrs. Frederick J. Balsam ttt
Miss Mary Arden Batch tt
Dr. and Mrs. Grafton R. Brown t
Dr. Joseph W. Cavallaro, 1955
Dr. Cornelia P. Channing ttt
Mr. and Mrs. William W. Cobey tt
Dr. Eva F. Dodge, 1925
Mr. (1) and Mrs. Alvin B. Filbert tt
Dr. Eli Galitz, 1943-D
Dr. and Mrs. Joseph B. Ganey, 1945
Miss Dorothy Getz tt
Dr. Julius E. Gross, 1907
Miss Anna Gudelsky tt
Mrs. Bertha Gudelsky t tt
Mr. and Mrs. Erwin Gudelsky tt
Mr. and Mrs. Homer Gudelsky tt
Dr. Meredith S. Hale, 1958
Dr. Wilson A. Heefner, 1960
Dr. W. Ray Hepner, Jr. ttt
Dr. Bernard S. Kleiman, 1939
Dr. and Mrs. John C. Krantz, Jr. tttt
Dr. Byruth K. Lenson-Lambros, 1927
Dr. Herbert M. Marton, 1956
Mr. and Mrs. Leonard Mathias tt
Dr. Ramon F. Roig, Jr., 1959
Dr. Robert L. Rudolph, 1948
Dr. Wallace H. Sadowsky, 1942
Dr. William M. Seabold, 1931
Dr. Albert Shapiro, 1937
Mr. Richard Singer tt
Dr. and Mrs. Morton Schwartz tt
Dr. Benjamin M. Stein, 1935
Dr. Samuel Steinberg, 1936
Jimmie Swartz Foundation tt
Dr. Rufus Thames, 1954
Dr. Max Trubek, 1926
Dr. H. Leonard Warres, 1938
Dr. Hans R. Wilhelmsen, 1959
Dr. Celeste L. Woodward, 1938
Dr. Theodore E. Woodward, 1938

† Deceased

tt Friend

ttt Faculty

tttt Associate

Medical Alumni Association 1980 Annual Reunion

Tuesday, May 27, 1980

**6:00-10:00 p.m. Registration begins
Cocktail Reception
Atrium, Medical School Teaching Facility**

Wednesday, May 28, 1980

8:30 a.m.	Registration continues Continental Breakfast Medical School Teaching Facility
9:30 a.m.	Welcoming Remarks Virginia Huffer, M.D. <i>President, Medical Alumni Association</i> Albin O. Kuhn, Ph.D. <i>Chancellor, University of Maryland at Baltimore</i> John M. Dennis, M.D. <i>Vice Chancellor for Health Affairs</i> <i>Dean, School of Medicine</i>
	Presentation of 25-Year Certificates
	Annual Business Meeting Announcement of Honor Award and Gold Key Election of Officers Dedication of John Beale Davidge Alliance Plaque
11:15 a.m.	Tour of the School of Medicine
11:45- 1:15 p.m.	Buffet Luncheon Medical School Teaching Facility
1:30- 5:00 p.m.	Scientific Programs
2:00- 4:30 p.m.	Emergency Medicine Update (Auditorium, Medical School Teaching Facility)
1:30- 5:00 p.m.	University of Maryland Surgical Society The First Robert Buxton Lecture (Allied Health Professions Building, Room 201)
7:00 p.m.	Annual Alumni Reception Hunt Valley Inn
8:00 p.m.	Annual Alumni Banquet Presentation of Honor Award and Gold Key Presentation of 50-Year Certificates
9:30-12:00 a.m.	Dancing

Thursday, May 29, 1980

9:30 a.m. **Pre-Commencement Exercises**
Baltimore Convention Center
3:00 p.m. **Commencement Exercises**
Baltimore Civic Center

General Reunion Information

If you are in one of the classes listed below and have not been contacted by your Class Captain or the Alumni Office, please call or write for information.

1930—Marius P. Johnson, Class Captain (301) 377-9155. 16 Over Ridge Court, Baltimore, Maryland 21210.

Special Dean's Reception on Tuesday at 6 p.m. followed by dinner at the Engineer's Club. A tour of the World Trade Center is being offered on Wednesday at 1:30 p.m.

1935—Harry M. Robinson, Jr., Class Captain (301) 323-4938. 107 West Lake Avenue, Baltimore, Maryland 21210.

Cocktail-Dinner Party, Baltimore Country Club, Tuesday at 7:00 p.m.

1940—Edmund Beacham, Class Captain (301) 325-2912. 710 Thornwood Court, Baltimore, Maryland 21204.

Dinner Party, The Belvedere Terrace Room on Tuesday.

1945—Vincent deP Fitzpatrick, Jr., Class Captain (301) 435-1242. 316 Broxton Road, Baltimore, Maryland 21212.

Dinner Party, The Baltimore Country Club on Tuesday.

1950—Henry H. Startzman, Jr., Class Captain (301) 823-3233. 1211 Doves Cove Road, Baltimore, Maryland 21204.

Dinner Party, Towson Club on Tuesday.

1955—Murray M. Kappelman, Class Captain (301) 367-7075. 334 Medical School Teaching Facility, University of Maryland School of Medicine, Baltimore, Maryland 21201.

Dinner Party, World Trade Center on Tuesday.

1960—Jerome Ross, Class Captain (301) 84-8515. 121 Swanhill Court, Baltimore, Maryland 21208.

Dinner Party, Engineer's Club on Tuesday.

1965—Larry A. Snyder, Class Captain (301) 86-1644. 8203 Brattle Road, Baltimore, Maryland 21208.

Dinner Party, Pimlico Hotel on Tuesday.

1970—Gary A. Belaga, Class Captain (301) 84-9481. 3001 S. Hanover Street, Baltimore, Maryland 21230.

Dinner Party, Woodholme Country Club on Tuesday.

1975—Thomas Krajewski, Class Captain (301) 25-3277. Springfield Hospital Center, Sykesville, Maryland 21784.

Cocktails, Medical School Teaching Facility on Tuesday, 6:00 to 10:00 p.m.

Scientific Sessions Offered

Emergency Medicine Update: Services and Advances in the Treatment of the Shock Trauma Patient.

Date: Wednesday, May 28, 1980
2:00 to 4:40 p.m.

Location: Medical School Teaching Facility (Auditorium)

Presented by: Maryland Institute for Emergency Medical Services Systems

In Conjunction with: Medical Alumni Association

Registration: Early pre-registration by mail is encouraged-no fee is required.

Credits: As an organization accredited for continuing medical education, the Program of Continuing Education of the University of Maryland School of Medicine certifies that this continuing education activity meets the criteria for 2½ hours in Category I of the Physician's Recognition Award of the American Medical Association.

During this course current, innovative approaches to the treatment of the severely traumatized patient will be described and discussed. Topics covered will include an overview of Maryland's EMS system, echelons of care, orthopedic approaches to the massively injured patient, treatment of septic shock and use of hyperbaric medicine.

Program Director: Alexander Kuehl, M.D.

University of Maryland Surgical Society Scientific Program

Date: Wednesday, May 28, 1980
1:30 to 5:00 p.m.

Location: Allied Health Professions Building, Balassone Lecture Hall (Room 201)

Featured will be the first Robert Buxton Lecture delivered by Dr. Robert Wallace, Chairman of the Department of Surgery, Georgetown University.

Complete details of this program and registration requirements will be contained in a brochure distributed to the membership by the Surgical Society.

Program Chairman: Edward W. Campbell, Jr., M.D.



Dr. Lenon-Lambros

Photo by James Tankersley

Celeste C. Woodward '38, assistant professor of medicine, is now ministering to the Cambodian refugees on the Thailand border. She left just prior to Christmas, as senior member of a physician group of four, to work under the auspices of the American Refugee Committee. This 3-month assignment is the fourth for Dr. Woodward in Asia; in 1968 and 1970 she was a volunteer physician in Vietnam and in 1964-65 she was a research fellow at the University of Maryland's International Center for Medical Research and Training in Lahore, West Pakistan. Her training and experience as a general practitioner, dermatologist, and emergency room physician have immediate application to the medical needs of the fleeing Cambodians.

1920's

Byruth King Lenon-Lambros '27 has endowed a lectureship in the Department of Family Medicine, the first lectureship of the school of medicine to be endowed by a woman.

One of two women in the class of 1927, Dr. Lenon-Lambros was one of the first female graduates of the school of medicine. After fifty years of family practice, she retired in 1975 at age 79. Early in her medical career, Dr. Lenon-Lambros operated a free, bi-weekly baby clinic, but later her practice included men, as well as women and children, as reservations about female physicians lessened.

On December 11, **Theodore E. Woodward '38**, recipient of the Bailey K. Ashford Medal, gave an address at the School of Medicine at the University of Puerto Rico. Dr. Woodward, professor and head of the Department of Medicine, spoke on the treatment and control of rickettsial diseases. A pioneer in establishing the causes of anemia in the tropics, Dr. Ashford was a most productive scientist and founder of the School of Tropical Medicine in Puerto Rico.

1930's

Three distinguished members of the medical staff of Maryland General Hospital, Baltimore, were recognized by their colleagues, members of the hospital administration and the board of trustees in appreciation of their contributions to the hospital, medical field and the community. All Maryland graduates, they are **William R. Lumpkin '38**, chief of staff at Maryland General for 13 years, **Louis C. Gareis '38** and **Irvin P. Klemkowski '37**.

Drs. Celeste and Theodore Woodward



1940's

William I. Wolff '40 is president of the New York Surgical Society and governor of the American College of Gastroenterology.

Norman Zinberg '47, associate clinical professor of psychiatry, Harvard Medical School, is chairman of the Committee on Marijuana and Health. His views on the smoking of marijuana were recently summarized in the *Journal of the American Medical Association* (243:15, Jan. 4, 1980).

Dwight P. Cruikshank '41 of Parkersburg, West Virginia, is president of the St. Joseph's Hospital medical staff.

Robert Wise '43M and Mason Sones '43D were recently awarded gold medals for achievement by the Radiological Society of North America. Dr. Wise, president of the Lahey Foundation and chief executive officer of the Lahey Clinic in Boston, also received the American College of Radiology gold medal. Dr. Sones, known as the father of coronary arteriography, is former chief of cardiology at the Cleveland Clinic.

R. Adams Cowley '44, director of the internationally renowned Maryland Institute for Emergency Medical Services Systems (MIEMSS), was named recently as the recipient of the Baltimore's Best Silver and Blue Award. Dr. Cowley was selected for his "outstanding contribution to Baltimore's emergency medicine system, better known as the Shock Trauma Center." Professor of thoracic and cardiovascular surgery, Dr. Cowley is credited with establishing the Shock Trauma Center out of his research on shock.

The center has grown from a two-bed clinical research center to a statewide emergency medical services system, encompassing the current 54-bed Shock Trauma Center, the nation's first comprehensive Emergency Medical Services Communications System, a ground-air transportation system, a multi-level trauma hospital network, and the coordination of emergency health services training. In the fall of 1980, this training will enter a new phase with the initiation of a curriculum offering a Bachelor's degree in emergency health services.

1950's

Jonas R. Rappeport '52, chief medical officer of the Supreme Bench of Baltimore, was cited for his leadership and guidance as founder and past president of the American Academy of Psychiatry and the Law.

Murray M. Kappelman '55, associate dean for medical education and professor in the Department of Pediatrics, has been elected chairman of the Group on Medical Education of the Association of American Medical Colleges. He is also president of the board of directors of Planned Parenthood Association of Maryland. Dr. Kappelman was recently cited in *Baltimore Magazine* as one of the city's outstanding writers.

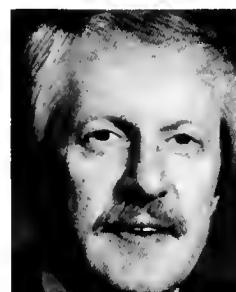


Photo by Mettee

Dr. Cranley

Robert Cranley '58, of Baltimore, is associate pathologist and president of the St. Agnes Hospital medical staff. He holds faculty appointments as assistant professor of pathology and orthopedic surgery at the Johns Hopkins University School of Medicine. In addition, he is assistant professor in the Department of Pathology. Dr. Cranley served in the Armed Forces Institute of Pathology, Orthopedic Pathology Branch and was consultant in pathology for the United States Public Health Service Hospital in Baltimore.

Joseph Nataro '59, of Morgantown, is clinical professor of pathology at West Virginia University.

Robert J. Thomas '59 is chief of surgery at Frederick (Maryland) Memorial Hospital and deputy medical examiner for Frederick county.

1960's

John N. Diaconis '61, professor in the Department of Diagnostic Radiology, has been appointed by Governor Harry Hughes to a 15-member task force to investigate ways of eliminating costly duplication in the regulating of hospitals. Maryland hospitals are now burdened by more than 1,000 regulations and come under the control of 180 regulatory agencies.

J. David Nagel '64, of Baltimore, is president of the medical staff of Franklin Square Hospital and codirector of the Anticoagulant Laboratory at Mercy Hospital.

Robert A. Stram '66, of Dresden, Maine, is chief of radiology at Augusta General Hospital and president of the Maine Radiological Society.

The Medical and Chirurgical Faculty of the State of Maryland has nominated **Charles C. Edwards '68** for the Sheen Award, conferred annually by the American Medical Association in recognition of outstanding contributions in medicine.

Subsequent to the 1978-79 Annual Fund Report...

We regret that Nathan Schnaper '49 was omitted from the Dean's List and Dennis Niner '74 was omitted from the list of members of the John Carroll Society.

A study on automobile fatalities involving children, by senior medical student **Jerome J. Karwacki, Jr.**, appeared in the December 28, 1979 issue of *The Journal of the American Medical Association*. A joint effort with Susan P. Baker, associate professor at The Johns Hopkins School of Hygiene and Public Health, the study was funded by the Insurance Institute of Highway Safety and was based on the examination of the records of 89 children under 15 years of age who were killed in automobile crashes in Maryland.

The study's data show that, at the time of impact, most of the children were traveling unrestrained or in improper restraints. Most of the children were in the front seat of the vehicle and 80 percent died of serious head injuries. Children under one year of age comprised 15 percent of the fatalities even though they accounted for only two percent of the passengers in Maryland crashes.

NOTES FOR THE NEWS

The BULLETIN likes to keep track of Alumni in the news. Have you changed jobs recently or relocated? Have you published, had honors bestowed or been involved in civic activities?

Send information, clippings and photos to:

Merrill J. Snyder, Ph.D.
Editor, BULLETIN
University of Maryland
School of Medicine
522 W. Lombard Street
Baltimore, Maryland
21201

Planning to come to the Reunion this year, but don't know if your friends will be there? Why not call them? Reunions are always more fun if you have someone to share them with. The alumni office will be glad to help you with the addresses you need. Give us a call or drop us a line.

Southern Hospitality . . .

Alumni in the Fort Lauderdale/Hollywood/Miami area honored Dean John M. Dennis at a reception on February 17 at the home of Dr. and Mrs. Bernard Milloff '44. Virginia Huffer '50, the association president and its executive director, Jean D. Goral, joined the Dean on this occasion. The physicians, and wives, of the enthusiastic Florida group attending were Mortimer D. Abrashkin '32, Eli Galitz '43 and Joseph Nataro '25 who also aided in the arrangements. Others included Charles B. Adams, Jr. '52, Harry Cohen '43, E. Eugene Covington '27, Bernard Friedman '28, Sidney Gelman '34, Leonard L. Heimoff '39, Frederick S. Herold '65, Asher Hollander '41, Frederick T. Kyper '23, Richard R. Mirow '34, Benton B. Perry '52, Francis A. Reynolds '21, Harold Roll '58, Robert R. Rosen '49, Michael A. Silverman '70, James A. Vaughn '46 and Phyllis P. Vaughn '48.

The association plans to sponsor these social gatherings in other areas to personally inform the alumni of the goals and developmental plans of the association.



The Milloffs with Dean Dennis



Robert Rosen '49 and Bernard Friedman '28 with the Dean

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Dr. Edson X. Albuquerque and Dr. Lloyd Guth, co-directors of the Laboratory of Paraplegia Research, have recently been awarded a one-year grant of \$55,000 by the Paralyzed Veterans of America. The grant will support interdisciplinary research on spinal cord regeneration. Each of the doctors has also received a five-year grant totaling \$1.29 million from the National Institutes of Health for other studies on nerve regeneration, axonal transport, neurotrophic mechanisms and muscle receptors.

A psychiatrist and a statistical researcher, both professors at the School of Medicine, are among three honorees jointly sharing the 1979 Stanley R. Dean Award for outstanding psychiatric research. **William T. Carpenter, Jr., M.D. and John J. Bartko, Ph.D.**, along with John S. Strauss, M.D., will receive the award for their collaborative work in developing and testing diagnostic models for schizophrenia and their studies of factors influencing the course of illness. Dr. Carpenter is professor of psychiatry and director of the Maryland Psychiatric Research Center while Dr. Bartko is associate professor of psychiatry and is with the Division of Biometry and Epidemiology at the National Institute of Mental Health.

The National Cancer Institute has awarded the **Maryland Cancer Program** at the University of Maryland at Baltimore \$559,134 to develop a multidisciplinary program on cancer prevention for medical students and residents throughout the country. Under the direction of **Dr. Benjamin Trump**, the three-year project will bring together several departments in the School of Medicine in order to develop a course which will provide future practitioners with new knowledge, attitudes and operational skills in cancer prevention. The course will be field-tested at the School of Medicine and designed for use by other medical school and residency programs.

The American Mental Health Foundation's award for pioneering excellence and achievement in the field of mental health was presented to **Leon Wurmser**, professor of psychiatry and director of the **Alcohol**

and Drug Abuse Program. United States Senator Paul Sarbanes presented Dr. Wurmser with a medal acknowledging his scholarly endeavors and his publication of *The Hidden Dimension*, a landmark book on compulsive drug abuse.

Dr. Wurmser is only the second recipient of this award in the 55-year history of the American Mental Health Foundation and has been associated with the university since 1971 doing extensive research on various aspects of drug abuse.

The Noble Laureate in Medicine for 1976, Dr. D. Carleton Gajdusek, delivered the **Herbert Berger Lecture in Medicine** speaking on "The Relationship of Slow Viruses to Disorders of the Central Nervous System." Dr. Gajdusek is chief of the Laboratories of Central Nervous System, National Institutes of Neurological and Communicative Disorders and Stroke, Bethesda, Maryland.

The **John C. Krantz Lecture in Pharmacology and Experimental Therapeutics** was delivered by Dr. Motoy Kuno, professor of physiology at the University of North Carolina at Chapel Hill. Dr. Kuno, an authority on central synaptic mechanisms and a pioneering researcher in mammalian spinal cord, spoke on "Reaction of Synapses on Motoneurons to Disuse and Injury of the Sensory Input." Dr. Kuno will become chairman of the Department of Physiology at the University of Kyoto, Japan, in June.

The first **Bernard S. Kleiman Lecture in Otolaryngology** was delivered by Dr. Michel Portmann, author, researcher, and surgeon in the field of otology at the University of Bordeaux, France. A pioneer in the field of hearing loss and balance disturbances, Dr. Portmann spoke on "Reconstruction of the Ear" and on "The Future of Otolaryngology."

The twenty-third annual **Maurice C. Pincoffs Lecture in Medicine** was delivered by Dr. Saul Krugman, professor of pediatrics at the New York University School of Medicine. Dr. Krugman spoke on "Viral Hepatitis: New Developments and Prospects for Prevention." On December 4, 1979, he was visiting professor in medicine and addressed himself to "Pediatric Infectious Disease Affecting Adults."

In October, 1979, at the age of 92, **Franklin C. Craven '13**, Asheboro, North Carolina. He served on the Selective Service Board during World Wars I and II and retired in 1978 after 65 years of active practice.

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On August 31, 1977, at the age of 81, **Bruce Barnes '21**, Seaford, Delaware. A general practitioner, Dr. Barnes also was a member of the Delaware State Board of Health.

—•—

On July 17, 1979, at the age of 83, **Samuel W. Sweet '22**, Utica, New York. An orthopedic surgeon, he was president of Memorial Hospital and more recently a staff member at St. Luke's Memorial Hospital Center. Dr. Sweet served 36 years as a board member of the Central Association for the Blind.

—•—

On August 17, 1979, at the age of 82, **Nicholas A. Antonius '24**, South Orange, New Jersey. He was medical director at St. Michael's Medical Center in Newark and was president of the Essex County Medical Society and the New Jersey Heart Association, Inc.

—•—

On January 14, 1980, at the age of 72, **Arthur Karfgin '32**, Baltimore, Maryland. Dr. Karfgin was in private practice of internal medicine for 36 years before joining the staff of the Veterans Administration. He was medical director of the Maryland Casualty Co., chief of the pulmonary disease unit at Baltimore City Hospitals and, during World War II, he served in the Navy Medical Corps reaching the rank of lieutenant commander.

On November 27, 1979, at the age of 70, **Howard Goodman '34**, Baltimore, Maryland. He practiced general medicine and pediatrics for more than 30 years and was physician for the Civilian Conservation Corps before serving in the Army Medical Corps in Europe during World War II.

—•—

On May 8, 1979, at the age of 66, **Sidney Shapiro '35**, South Orange, New Jersey. He was police and fire department surgeon for the city of Irvington and chief of family practice at Irvington General Hospital.

—•—

On November 1, 1979, **August C. Pavlatos '37**, Lancaster, Pennsylvania. Retired from active practice, Dr. Pavlatos was a member of the medical staff at Lancaster General Hospital.

—•—

Thomas Scott Sexton '39 of Springfield, Massachusetts, was vice president and chief medical director of the Massachusetts Mutual Life Insurance Company. During World War II, he served as a major in the Army Medical Corps.

—•—

On September 7, 1979, at the age of 62, **Forest C. Meade '40**, Lexington, North Carolina. A general surgeon, Dr. Meade was chief of surgery at Lexington Memorial Hospital.

—•—

In October, 1979, **William G. Thuss, Jr. '48**, Birmingham, Alabama. Engaged in occupational medicine, Dr. Thuss was clinical associate professor of public health and epidemiology at the University of Alabama School of Medicine and Hospital.

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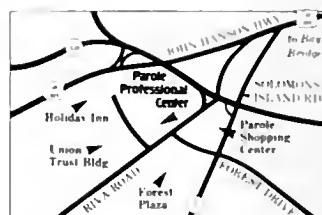
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BULLETIN

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COVER: Loving care is typified by Glenda Roberts, R.N. and her puppet erasing the fears of Dawn Marie Sturgeon, a patient in University of Maryland's pediatric cardiology unit. The unit's finely trained staff has combined the medical and psychological aspects of the young heart patient by coping with fears experienced by both patient and family. The result of this dedication is reflected in the ever-increasing survival statistics of the young heart patient.

Cover photo by James Tankersley

Help for the Smallest Hearts

Sara Woodfield

This issue of the BULLETIN marks the beginning of a series of articles about many of the outstanding clinical programs at the University of Maryland Hospital. It seems fitting that we start with a story about one program that provides vital care for our youngest and neediest citizens—the one percent of all infants born with critical heart disease.

G. Bruce McFadden
Hospital Director

Although the University of Maryland Hospital's pediatric cardiology unit has grown into a leading center for the specialty in its four years of existence, Dr. Michael A. Berman, professor of pediatrics and director of pediatric cardiology, doesn't think of the growth statistics in terms of number. Instead, he sees it as an ever-increasing ability to save the lives of infants and children who would have been given little or no chance of survival a few years ago.

He came to the University of Maryland in 1976, starting the unit with a staff consisting of a technician and a secretary. Now, to handle the workload, it requires three physicians, a fellow, two nurses, a social worker, five technicians and three secretaries.

As a result of what Dr. Berman calls the hospital's "major commitment" to pediatric cardiology, plans for a new million-dollar cardiac catheterization lab are on the drawing board. The doctor expects construction to begin soon, with completion about a year from now.

Presently, the hospital's single catheterization lab is shared by the pediatric and adult cardiology units. About 650 catheterizations are done each year, 200 of these on children. The new facility will have a separate lab for the children's procedure, with specially designed equipment to accommodate smaller patients.

Dr. Berman himself developed in 1974 the catheter used on children's fragile hearts. Once the tube reaches the heart via a major artery, a small balloon on its tip is inflated as a cushion to prevent the catheter from puncturing the heart. After a dye is injected through the catheter, a detailed X-ray film of the heart is made.

Echocardiography is a valuable non-invasive diagnostic tool available to pediatric cardiologists. Dr. Joel Brenner's expertise in this



Dr. Berman

technique is a keystone in the Maryland program. The Hospital's new \$105,000 machine uses sound waves and computer technology to provide video displays of the heart. Dr. Brenner's analysis and interpretation of the results guide decisions about future treatment.

Although treatment does not always mean surgery, figures show that two to three newborns per thousand have heart disease serious enough to require catheterization or surgery in the first weeks of life. Part of Dr. Berman's challenge is that children with congenital heart disease (one percent of all newborns) are not always spotted in their early days of life, but as physician and nurse awareness improves, so do chances of catching problems early. Children from throughout Maryland, West Virginia and southern Pennsylvania are now referred to the unit at Maryland, where about 2,000 outpatient visits were recorded last year.

About 100 young patients had heart surgery last year, and, according to Dr. Anthony Moulton, one of two pediatric heart surgeons at the University of Maryland, the odds for survival continue to get better and better while the patients get younger and younger—just a few days old in many cases.

That means operating on hearts no larger than a walnut with different instruments and techniques than are used on adults. One of the most dramatic of those techniques is deep hypothermia in which the infant is packed in ice to lower body temperature to 46 degrees Fahrenheit.

At that point, there is no circulation—a state the infant can tolerate with no ill effects for one hour. Heart-lung machines are cumbersome for surgery on newborns because the attachments get in the way.

There are 10 to 12 major types of congenital heart defects that comprise 85 percent of the problem. Says Dr. Moulton, "each with multiple variations and unique characteristics." He adds that he is often amazed that there are not more heart problems in newborns, considering the complicated development that turns what starts out as a simple tube into a sophisticated multi-chambered pump.

Despite advances in surgical techniques, not all heart defects can be repaired completely. For some infants the first operation is palliative and more surgery will be required when the child is older.

Surgeons like Dr. Moulton spend 12 years after medical school learning their delicate specialty. The result of their dedication is a continuing decrease in the mortality rate of young heart patients. Over the past decade, children born with the great arteries transposed now have an 85 percent survival rate, a complete turnaround from the 85 percent mortality rate of the past.



Dr. Moulton

Dr. Moulton points out that the mortality rate for coupled lesions is still high—between 40 and 50 percent, although "that 50 to 60 percent that survive would not have a few years ago. It means that we still have a lot of work to do in improving our techniques and procedures, but I'm optimistic."

The University of Maryland group is exploring non-surgical techniques to treat children's heart problems. Pediatric cardiologists are developing balloons and umbrellas made of clyastic material to close holes and connections or to make corrective openings.

Medication is available, such as prostaglandin, a hormone that helps increase blood flow to the lungs by increasing the size of the patent ductus arteriosis. The use of prostaglandins also makes the child a better risk for surgery that will be required later.

Aspirin-like drugs such as indomethicin have the opposite effect in children whose ductus arteriosis will not close—a problem that occurs more frequently in premature babies. The medication closes the patent ductus arteriosis and thus avoids heart failure and lung disease in newborns. The hospital's pediatric cardiology unit is part of a 12-center, four-year study sponsored by the National Institutes of Health to look at the role of indomethicin in correcting defects of the patent ductus arteriosis.

The unit also has an active research program. A joint study on hypertension in children is underway with Dr. Charlotte Ferencz of the medical school's Department of Social and Preventive Medicine. In addition, the unit has received a grant from the Wilson Foundation to study electrical abnormalities of the heart.

Dr. Berman is justifiably proud of what he thinks is one of the best pediatric cardiology units in the country, but he points out that, in addition to excellent equipment and a top



Dr. Brenner

staff to take care of the medical aspects, the unit also tackles the psychological end of the problem.

"You can't underestimate the importance of the psychological aspect," he says. "A child with heart problems—perhaps facing surgery—has to cope with fears that could easily get the better of him and his family."

Glenda Roberts is a nurse who helps kids and their families put it all into perspective by being honest with them. Using puppets, dolls and coloring books, she explains to the young patients just what is going to happen in the heart catheterization lab or the operating room. The upbeat, honest approach that she was among the first to develop lets them know there's always someone around to help them.

From million-dollar machinery to puppets and dolls, that's what Dr. Michael Berman calls full-service pediatric cardiology at the University of Maryland Hospital.

Photos by James Tankersley

Freelance writer Sara Woodfield has been a reporter for the Associated Press, the Baltimore Sun and newspapers in Pennsylvania and Maine.



Davidge Hall Update

A contract for the major phase of the renovation and adaptation of Davidge Hall was awarded to Emjay Engineering and Construction Co., Inc. Work on this phase is in progress and it is estimated to take about one year. The work entails installation of heating, air conditioning and climate control systems. A new, modern sprinkler system will be installed to replace the current system which detracts from the beauty of Anatomical Hall. A modern fire alarm monitor will be installed with direct communication to the central city fire station.

Although the major portion of this phase of the renovation is mechanical in nature, some architectural features will be restored. The Alumni Board Room will undergo major changes with the removal of the false ceiling.

At one time, the Board Room was an anatomical dissecting room with a balcony and stair to the Professor of Anatomy's suite on the 3rd level. It is planned to expose this 3rd level balcony with detailed architectural restoration to be included in the final phase of the renovation.

The cost of the major mechanical phase is within the funds available. However, from the viewpoint of the overall restoration, a committee has been appointed to raise approximately \$500,000. If any portion of this money remains unused after completion of the final phase, it will be used to support the museum which will be established in Anatomical Hall.

During construction, the Alumni Office will temporarily relocate in suite 211 of the Bressler Research Building, 29 South Greene Street.



Front Line Surgeon

Col. William J. Myers, Jr., USA-RET.

Wounded soldier receiving emergency medical treatment on front line—1918. Photo courtesy of U.S. Army Military History Institute.

Charles W. Myers '15 is the subject of this article reprinted by kind permission from *The Retired Officer* magazine.

It was written with pride by his nephew who was a hospital administrator while in the service and later executive vice-president of Doctors Hospital, Washington, D.C. He now resides in retirement in Carlisle, Pennsylvania.

The attack which was ordered for the next day, July 1, was to be made by two battalions, directed north-northwest.

The 2nd Battalion was to move from its present position, on a front of 800 yards, against Vaux and the eastern extremity of the Bois de la Roche. The support plan included a 12-hour artillery preparation. The total ammunition expenditure was to be 21,000 rounds light and 7,600 rounds heavy. The battalion commander put two companies in line, one in support and one in reserve. The leading companies were to follow the barrage to the objective and consolidate the position there with the assistance of engineers. The support company was to clean up Vaux and prepare for defense.

The time of the attack was fixed at 1800 hours. Artillery preparation began at 0500 and reached maximum intensity at 1700 hours when the infantry assumed the attack formation. At 1757 hours, the rolling barrage fell

and at 1800 hours, the infantry began to move forward. The artillery had done its job well and had driven the enemy to cover. Within an hour after the barrage was placed beyond the objective, all Germans remaining within it were either killed or captured. The Americans were digging in on the line as planned.

This battle took place in 1918 during the first large-scale foreign conflict in which the U.S. was involved. This is the story of one veteran of that war, a man cited for valor five times within five months. He won the Distinguished Service Cross during his first 24 hours in combat and then went on to win two Silver Stars, the Croix de Guerre with Palm and the Croix de Guerre with Star. His survival was nothing short of miraculous. He never killed an enemy soldier or fired a shot in anger, because his job was to treat the wounded, and this he did with unusual skill and courage.

Charles W. Myers, M.D., was born in a farming community in Perry County, Pa., not far from the state capital, Harrisburg. He received his primary education in a one-room schoolhouse typical of the times. At age 16 he was a school teacher, but he longed to be a physi-

cian. He, therefore, embarked upon a program of self-study which he hoped would gain him admission to medical school. In 1915 he graduated from the Baltimore Medical College with a scholastic average of over 99 percent. When the U.S. entered the war in April 1917, he was a physician for a coal company in West Virginia. He joined the Army a year later and on April 18, 1918, was at Camp Greenleaf, Fort Oglethorpe, Ga., taking his basic training. One month later he was on his way to France to join the 2nd Division.

On June 30, after only two months in the Army and barely four weeks of training, 1Lt Charles W. Myers, Medical Corps, reported to the 9th Infantry, which was then in the line about 200 yards south of the town of Vaux. He was assigned to the 2nd Battalion and within two hours set out for his dressing station in the village of Monneaux. When he arrived, the village was under heavy artillery fire, but he managed to find the aid station which had been established in a wine cellar. There was no time for getting acquainted since his services were desperately needed to treat the wounded. By 10 that night, the bombardment had subsided and the stream of casualties slowed to a trickle. Word came that there were a large number of wounded on the front urgently in need of his care. The newly assigned medical officer assembled litter bearers and set out for the front lines. He groped through the shell holes and barbed wire, homing in on the cries for help. As he moved from soldier to soldier he could think only of reaching as many wounded as possible, and was oblivious of his direction of travel. He was lost in the no-man's-land between the lines, but he continued working and, somehow, made his way back to the American position.

Charlie Myers had only a few hours of rest before he was awakened by the American artillery barrage, which began at 0500 hours in preparation for the Allied attack that afternoon. He began making his plans for medical support.

When the infantry began its attack, instead of remaining behind at the aid station in Monneaux, Lieutenant Myers moved out with the first wave and established an advance dressing station manned by himself and two enlisted men. The German counter-barrage and machine gun fire rained down upon them, but they continued to work. Machine gun bullets tore through the surgeon's uniform and a shell fragment pierced his helmet, but he managed



Charles W. Myers '15



9th Infantry moving into Soissons—July 1918. Photo courtesy of U.S. Army Military History Institute.

to escape without a scratch. When the American position had been secured and the shelling stopped, the results of his efforts became evident. Without his advance dressing station and his early treatment of casualties, scores of lives would have been lost. The country doctor slept in a shell hole that night with the chaplain as his companion. When he awoke in the morning, he found a shell fragment about two feet long protruding from the earth between them.

Lieutenant Myers received the Distinguished Service Cross and the Silver Star for his actions. He also received a mild admonition not to expose himself to direct enemy fire as he had done in no-man's-land the previous night. "Hell," he said, "they thought I was brave, but I was lost."

That day the lieutenant learned that the Germans had evacuated their dressing station on the crest of a hill. It was beautifully calm and quiet, almost as if the war were over, so he decided to investigate to see if the abandoned station would be suitable for his own use. He found it satisfactory and was casually strolling back down the slope, when he heard a strange sound not unlike the singing of a bird. Being a farm boy, he was curious and thought that perhaps it was the call of a bird native to France. He noticed a soldier slowly creeping down a gully and stopped him to ask if he recognized the bird. "I believe, sir," the soldier said, "that is the sound of a sniper shooting at the lieutenant." The lieutenant jumped into the gully and followed the soldier down the hill.

ON TO SOISSONS

There was no rest after the battle of Vaux, for the 9th Infantry moved on to the Soissons sector for a surprise attack on the Germans. The infantry, out of the trenches now, assembled in the woods waiting to jump off the following morning. Lieutenant Myers spent the night with Maj Arthur E. Bouton, the battalion commander. They talked about the war and whether they would survive. At H-hour, the attack began with Major Bouton in the lead. The surgeon followed him as he advanced up the hill in the face of enemy machine gun and artillery fire. As the major stumbled and fell, the doctor ran to his side. There was nothing he could do for him, for his throat had been cut by a piece of shrapnel and he was dead.

The battle of Soissons was the bloodiest encounter of the young doctor's short combat career. He worked tirelessly, keeping his dressing station on the front line as he had done at Vaux. When he ran out of litters, he put a group of German prisoners to work making them out of blankets and poles cut from trees.

The regiment's losses were extremely heavy; every battalion commander was either killed or wounded. Many of the companies were now commanded by sergeants. At one point during the battle, Lieutenant Myers found himself in command of the 2nd Battalion. The final casualty figures revealed that the 9th Infantry had lost 66 percent of its strength within the first three hours. When the battle

was over, the surgeon remained behind for two days, searching the wheat fields for wounded who may have been left behind.

When he returned to his regiment in need of food and sleep, he was told that there was a field hospital at the railhead where doctors were needed. After a quick meal and a few hours of rest, he set out for the railhead. What he saw when he arrived shocked him beyond belief. More than a thousand men lay in the open, covering an acre of ground. There was no hospital and there was no train. The soldiers, many of whom had been treated by him on the front line, were begging for help. Some called him by name. Frustration and anger mounted as tears rolled down his cheeks. He located a colonel of the engineers and solicited his help. The colonel sent his men to assist the surgeon and contacted American headquarters. Within a few hours trains began to arrive. The dedicated doctor worked throughout the night and the following day loading the wounded on the trains.

Lieutenant Myers earned his Croix de Guerre with Palm for Soissons and moved on with the 9th Infantry to St. Mihiel in September and Blanc Mont Ridge in October. He very nearly became a casualty himself, but was saved by one of those not uncommon freak actions of an exploding shell. The battalion had taken shelter in some old trenches which had been badly damaged. While he was sitting in one of them between two other men, an American artillery shell fell short. Miraculously, he was left unharmed, but the two soldiers were killed instantly.

BATTLE AT BLANC MONT RIDGE

For the first 10 days of October, a fierce battle ensued at Blanc Mont Ridge. The doctor described his experiences in a letter to his brother which he wrote on Oct. 12, 1918.

I was so tired when I reached the woods at 3:30 a.m., about 2½ hours before the beginning of the fight, that I lay down and slept while they shelled us, but none came very close, that is 50 feet or so. The next morning, the wounded began to pour in. The damn rascals dropped one and killed 18 of my wounded men. I left this station, with about 100 wounded, in charge of another doctor. I advanced to another place. This was worse, as I was still in the open and now under machine gun and rifle fire as well as artillery. My station was again blown to hell killing two of my medical corpsmen and wounding four. I remained at this station several days and then advanced to another place. Here I got into one of the heaviest barrages I ever went through, but I managed to get my men into a dugout while the Y.M.C.A. man and myself attended to the wounded. I might add here that this Y.M.C.A. man was one of the most fearless men I ever knew. He had been

with me ever since I joined this regiment. He was always with me through thick and thin, no matter where I wanted to go or how dangerous the place, he was always anxious to accompany me.

It happened this night that he was helping to evacuate some wounded men to the rear and while so doing, he learned that our lines had fallen back without notifying me. In other words, our troops fell back and left me in no-man's-land. I was in a woods along a ravine and he was trying to find me and tell me what had been done, but he did not reach there that night. The next morning I found his body about 100 yards from my station with a bullet directly through his heart.

A day later I moved forward again and established myself at a very bad place, 41 feet from an ammunition dump in the open. I stayed here several days and it was here again that a shell made a direct hit in my station killing one man and wounding four. I left there and started another station, but before I left that one the next morning, a shell hit amongst us and killed four Germans who I had as litter bearers. This was my last day in the line and I was glad to get out as I had been under fire for 10 days and it was beginning to tell on me.

When the battle was over, Lieutenant Myers found that he had been reported dead and that his orderly, who had remained in the rear, had sold his belongings. He sent his orderly to the infantry and got a new one.

The battalion commander recommended Lieutenant Myers for another Distinguished Service Cross and another Croix de Guerre. He didn't receive the Distinguished Service Cross, but he was awarded the Croix de Guerre with Star and a Silver Star.

9TH'S NIGHT MARCH

By early November 1918 everyone knew that the war would soon be coming to an end. Much bitter fighting lay ahead, however, and no one wanted to be the last soldier killed in the "last war." The 9th Infantry moved into the Champagne district and the Meuse-Argonne offensive, making their famous night march through German lines. As they moved through the woods, they could hear the voices of the enemy soldiers, but the Americans were so quiet and orderly that the Germans thought they were their own troops.

The night before the attack on Beaumont Ridge, Charlie Myers had a terrible premonition that he would be hit. He felt that he had been incredibly lucky so far and feared that his good fortune had run out. In the morning he went forward with the assault wave. As he advanced, a shell burst nearby. He felt a sting and the trickle of warm blood on his face. He had a vision that half of his face had been blown away as he had seen in so many others. Finally he mustered up the courage to examine himself and was relieved to find that his wound was minor. In fact, he almost rejoiced,

believing that his premonition had come true and that he would survive the war.

By November 10, the regiment was on the Meuse River, and the battalion surgeon quartered his staff in a barn for the night. This particular barn had been occupied by the Germans the day before. During the night a German hand grenade, concealed under the hay, exploded. It killed two enlisted men instantly and wounded a third who died in the lieutenant's arms.

The next day at 11 a.m., the guns ceased and the war was over. The battalion surgeon spent the remainder of the day helping the chaplain bury the dead. He was promoted to captain and remained with the occupation troops in Germany until July 1919 when he terminated his short but distinguished military career.

EPILOGUE

Dr. Myers carried into civilian life the same courage and dedication which had won him five major decorations for gallantry. He became a fellow of the American College of Surgeons and superintendent and medical director of the Indianapolis General Hospital, now known as Wishard Memorial Hospital. Remaining devoted to serving others, he took up residence in the hospital in order to be readily available for emergency surgery. In 1968 a seven story, 406,300 square foot addition to the hospital was named the Dr. Charles W. Myers Building, in recognition of his long, unselfish dedication to the community. Dr. Myers is now enjoying a well earned retirement with his wife Marguerite in Carmel, IN.

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Medical Students Involved in Research

The fourth annual student research day was held on February 6, 1980 and was sponsored by both the Dean's office and the University of Maryland chapter of Alpha Omega Alpha. After the presentations by the student investigators whose abstracts follow, Dr. Sanford L. Palay, Bullard Professor of Neuroanatomy, Harvard Medical School, addressed the group. The title of his talk was "A Physician in Basic Research."

Anifetal and Tumor-Specific Reactivity in Human Osteosarcoma

Nancy Hadley

In order to study antigens associated with human malignant neoplasms an indirect immunofluorescent assay was applied to demonstrate both anifetal and tumor-specific reactivity in the sera of five patients with osteosarcoma.

Pretreatment sera were obtained from five osteosarcoma patients. Normal and tumor tissues from the patients and fetal tissue from second trimester fetuses were established in cell culture. Fetal-absorbed sera were prepared from both patient and normal control sera. Through an indirect immunofluorescent assay each patient's tumor cells and fibroblasts were tested with nonabsorbed and fetal absorbed sera, both autologous patient serum and normal control serum.

Autologous patient serum and allogeneic normal control serum reacted with normal skin fibroblasts of all five patients tested, showing immunofluorescent staining of cell membranes and perinuclear cytoplasmic granules. Absorption of patient and control sera with fetal cells eliminated all staining of fibroblasts. Osteosarcoma cells of all patients showed reactivity with both autologous and control sera. Fetal absorption removed all reactivity of control serum against tumor cells but did not diminish specific staining of osteosarcoma cells by autologous patient serum.

The present investigation demonstrates that both osteosarcoma cells and normal fibroblasts in culture react with both autologous patient and allogeneic control sera. Removal of serum reactivity by fetal cell absorption indicates that both tumor and normal cells express fetal antigenic determinants, to which natural serum antibodies exist. Following fetal absorption, sera of osteosarcoma patients exhibit specific activity against autologous tumor cells but not against autologous normal fibroblasts, suggesting the presence of specific osteosarcoma-associated antigens to which patients are capable of mounting an antibody response.

Studies of Anion Binding by Transferrin Using ^{13}C Nuclear Magnetic Resonance Spectroscopy

Jay Zweier

The ^{13}C NMR spectra of the Co^{3+} and Fe^{3+} complexes of transferrin with bound ^{13}C anion are studied to obtain information about the spatial relationship of the metal and the anion binding sites, the state of the anion, and the ligation of the anion.

The spectrum of the Co^{3+} complexes has a non-exchanging peak and three exchanging peaks which are determined to correspond to specifically bound anion. The non-exchanging peak corresponds to anion bound at the B-site and based on its chemical shift value and its pH behavior it is assigned to be carbonate. The exchanging peaks correspond to anion bound at the A-site and they are assigned to bound bicarbonate and a protein carbamino adduct.

In the spectra of the Fe^{3+} complexes no peaks corresponding to specifically bound anion are observed as these ^{13}C resonances are broadened beyond recognition by interaction with the paramagnetic Fe^{3+} . Using the Solomon-Bloembergen equation, it is calculated that the Fe^{3+} -anion distance must be less than 3.6 Å which implies that the anion is directly bound to the Fe^{3+} .

Based on the spectra and their pH behavior it is determined that the anion binding ligand at the B-site is probably a guanido group of arginine while that at the A-site may be either a guanido group of arginine or an E-amino group of lysine.

The mechanism of iron delivery to the reticulocyte has been postulated to be an attack by the reticulocyte on the bound anion and, if this is so, the different properties of the two anion sites and different stages of the anion bound at the two sites could explain the functional difference in their iron donating properties.

Induction of Intramuscular Collateral Nerve Sprouting by Neurally Applied Colchicine

Samuel Smith

The plantaris muscle of the rat is innervated by fibers deriving from spinal nerves L4 and L5. When L4 is transected, the intact residual L5 fibers sprout intramuscular preterminal processes which reinnervate some of the denervated muscle fibers and restore their weight and strength. Experiments by Diamond and his colleagues on cutaneous innervation in salamanders indicated that collateral sprouting can be elicited by applying colchicine to a nerve as well as by transecting it, and it therefore seems that collateral sprouting results from the interruption of axonal transport rather than from nerve degeneration. We have tested this hypothesis by either transecting or applying colchicine to spinal nerve L4 in the rat and measuring the isometric strength of contraction of the plantaris two weeks later. After the transection of L4, electrical stimulation of L5 gave a supranormal isometric tension; after application of colchicine to L4, stimulation of L4 resulted in a normal isometric tension while stimulation of L5 gave a supranormal one. The muscles were examined histologically by combined silver-cholinesterase staining. Colchicine-treatment produced abnormalities of innervation pattern characteristic of preterminal collateral sprouting. Since colchicine disrupts axonal transport, we interpret these results to mean that the interruption of axonal transport in L4 fibers stimulates intramuscular sprouting of L5 fibers. The data are consistent with Diamond's hypothesis that nerves possess a propensity for collateral growth which is ordinarily repressed by factors that are dependent on axonal transport.

Calcific Deposits in Porcine Bioprosthetic Heart Valves: A Morphological Analysis

Steven W. Royce, Victor J. Ferrans, Margaret E. Billingham, Michael Jones and W. C. Roberts, National Heart, Lung, and Blood Institute, Bethesda, Maryland, and Stanford University Hospital, Stanford, California

Gross anatomic, histologic and ultrastructural studies were made of 14 calcified porcine valvular bioprostheses (PB) in place from 3 to 94 months in 14 patients aged 2.5 to 65 years at the time of implantation. Thirteen PB (10 in the mitral position, 1 in the aortic, 1 in the tricuspid and 1 in a pulmonic conduit) were recovered at reoperation, and 1 (in the mitral position) at necropsy. From analysis of these 14 calcified PB the following conclusions appear justified: 1) calcific deposits (CD) occur frequently in PB implanted in patients of all ages but are more likely to become clinically significant in children than in older patients, 2) metabolic factors predisposing to calcification are not identifiable in most patients

with calcified PB, 3) the two principal sites of localization of CD in PB are the collagen in the cusps, particularly in the spongiosa, and small thrombi on the surfaces, 4) when minimal, CD usually occur near the commissures, when more severe, they become more diffuse, and 5) clinical significant CD most commonly lead to prosthetic valvular stenosis because they can limit the mobility of the cusps

Carcinogen-Induced Unscheduled DNA Synthesis (UDS) In Primary Mouse Liver Cell Cultures

Robert Perry

Mouse primary liver cell cultures were examined for evidence of increased UDS following treatment with known carcinogens in an effort to evaluate the efficacy of this system as a screen for testing the carcinogenicity of chemical compounds. Dimethylnitrosamine (DMN), 2-acetylaminofluorene (AAF), methylnitrosoquadrine (MNNG), 1,1-bis(p-chlorophenyl)-2,2,2 trichloroethane (DDT), safrole, benz(a)pyrene (BP), dimethylbenzanthracene (DMBA), and ethionine were each incubated for 24 hrs at four different concentrations simultaneously with tritiated thymidine (10 μ Ci/ml) in 2 hour old mouse hepatocyte cultures. Cells were derived from either normal or phenobarbital-induced, adult male Balb/c mice. DMN, AAF, and MNNG were also tested in one and four day old cultures. Nonreplicative tritiated thymidine incorporation in both experimental and control cell nuclei was quantitated microscopically following autoradiographic preparation. DMN, AAF, BP, MNNG, and DMBA caused a significant increase in UDS compared to the controls, with peak production occurring in the two hr old cultures. The other carcinogens tested had no significant effect on UDS. Induction by phenobarbital similarly had no effect on UDS. This system in combination with hepatocyte cultures from other species may prove valuable as short term screen for chemical carcinogens.

The Effects of Leukemic Infiltrates in Various Organs in Chronic Lymphocytic Leukemia

Jerry Schwartz

Although the presence of leukemic infiltrate (LI) in isolated organs of patients with chronic lymphocytic leukemia (CLL) has been reported, the effects of LI in various organs of such patients have not been comprehensively studied. We have reviewed the histological sections in 47 cases of CLL at the University of Maryland Hospital. The LI was seen in spleen (100%), liver (97%), kidney (90%), adrenal (70%), heart (64%) and pancreas (36%). The most significant effect of LI was increased parenchymal fibrosis: liver 43%, kidney 80%, heart 28% and pancreas 21%. The heart showed endo-, myo-, and epicardial LI associated with fibrosis, with severe endocardial fibroelastosis in one case. The liver showed expansion of the portal tracts, bridging infiltration with hepatocellular necrosis, bridging fibrosis and cirrhosis with pseudolobule formation. In patients whose livers showed increased fibrosis the mean duration of CLL was 4.4 yr compared to 2.6 yr in those showing no significant fibrosis, indicating that the degree of fibrosis was positively correlated with the duration of the leukemia. The kidney showed interstitial and periglomerular fibrosis and tubular atrophy only in areas of LI, lesions closely resembling those in chronic inflammatory conditions of the kidney. In fact, if LI the pancreas showed fibrotic parenchymal destruction, thereby resembling chronic pancreatitis. The adrenals showed replacement of medullary cells by dense LI, and fibrosis was observed in one case. It is therefore concluded that the lymphocytic cells of CLL infiltrate various parenchymal organs and induce fibrosis in a manner similar to chronic inflammation.

Apneic Oxygenation and Extracorporeal CO₂ Removal (ECCO₂R): A New Form of Prevention and Treatment of Hyaline Membrane Disease (HMD)

Harry Huang

It is hoped that our respiratory support, a combination of artificial CO₂ membrane lung (CDML) and the natural lungs, can avoid breathing or mechanical ventilation (MV) for a period of hours (up to a day) after birth, subsequent spontaneous breathing or MV (if needed) will not lead to HMD. Similarly once HMD has been established, this therapy can bring about a reversal of the disease process, a cure of HMD. One hundred and thirty day lamb fetus (term 147 d) was C-sectioned and its jugular and umbilical v. cannulated for extracorporeal v-v pumping. Carotid and umbilical arterial catheters provided arterial blood sampling. Twin control (when available) received arterial catheters and MV; conventional

therapy. All metabolically produced CO₂ was easily removed from the blood (keeping P_aCO₂ at normal values) by the CDML. Subsequently, the fetus became apneic. Accompanying hypoxemia was avoided by supplying 100% O₂ through endotracheal tube (PEEP 15 cm H₂O). Lungs remained static and inflated. Breathing effects of N₂ in the blood prevented O₂ toxicity. In a series of 10 fetuses, all required 24 hrs of apneic oxygen and ECCO₂R at which time clear lung fields and total lung compliance (TLC) progressively improved. The fetuses were considered free of HMD and were electively sacrificed, and autopsies were performed. Fetal a-A grad and FRC were found to be in the normal range of newborn lambs. Grossly and histologically, lungs appeared normal, uniformly inflated with minimal areas of atelectasis. Conversely, control lungs were underinflated with areas of marked atelectasis and hyaline membrane formations. We have shown that this group of premature lambs, which with standard treatment would have succumbed to HMD, avoided HMD because of the intervention of our treatment.

The Use of 24 Hr. Blood Urea Nitrogen (BUN) as a Monitor of Total Parental Nutrition (TPN): Two Case Studies

Herbert Loveless

One of the main limitations of total parenteral nutrition is the lack of useful clinical measures to monitor the therapy. This study was undertaken to see if there is a correlation between the patient's clinical course and the change in BUN.

Two patients admitted to the Surgical ICU at the University of Maryland Hospital were felt to require long term TPN. Determinations were made daily of nitrogen infused, change in BUN and urine urea nitrogen. At the end of the patients' hospital course, a linear correlation was determined between these three variables, using the change in BUN as the dependent variable.

Patient A had a gradual downhill clinical course with abscess formation. Patient B gradually improved and eventually was able to leave the hospital. The correlation for A was .58 ($p < .01$). The correlation for B was -.03 ($p > 1$).

We feel that the positive correlation for A was because of the breakdown of amino acids for gluconeogenesis. The lack of a significant correlation for B was because of the use of the amino acids for protein synthesis. A may have benefited from a greater calorie to nitrogen ratio, and B from a smaller ratio. Although much more work will have to be done to substantiate this relationship, we feel that this test will be of benefit to the clinician in monitoring patient therapy.

Actions of Secretagogues on Pancreatic Enzyme

Secretion: Role of Cellular Calcium

Cynthia Costenbader

We have explored the role of cellular calcium in modifying and controlling the action of secretagogues and exogenous cyclic nucleotides on amylase release from dispersed pancreatic acinar cells *in vitro*. In these cells cholecystokinin (CCK) and carbachol act by releasing membrane-bound calcium and increasing cellular cyclic GMP, while secretin and vasoactive intestinal peptide (VIP) act by increasing cellular cyclic AMP.

In the presence of extracellular calcium, amylase release was increased 6 to 10-fold by CCK, carbachol, secretin and VIP, as well as by 8-bromo cGMP and 8-bromo cAMP. The action of each agent remained constant for at least 60 minutes. Without extracellular calcium, stimulation of amylase release by each secretagogue did not change during the initial 10 minutes of incubation, decreased by 60% during the subsequent 50 minutes, and remained constant thereafter. In contrast, removing extracellular calcium did not alter basal enzyme release. Extracellular calcium concentrations of 0.5mM or greater prevented the time-dependent decrease in the action of each secretagogue on amylase secretion. Although removing extracellular calcium reduced the magnitude of stimulation of enzyme release, there was no change in the threshold or maximally effective concentrations.

These findings indicate that the effects of removing extracellular calcium are actually due to a decrease in cellular calcium. Furthermore, there are two functionally distinct mechanisms through which cellular calcium controls stimulation of enzyme secretion from pancreatic acinar cells. Release of membrane-bound calcium by CCK and carbachol initiates the action of these agents on enzyme release. Cellular calcium is also involved at some step in the final secretory process where it supports the action of secretin and VIP as well as that of CCK and carbachol.

University of Maryland Hospital Receives Two-Year Accreditation

The Joint Commission on the Accreditation of Hospitals awarded the University of Maryland Hospital a two-year accreditation in April, 1980. This decision was reached by the JCAH Board of Commissioners after a review of the findings from the most recent survey of the Hospital which had been conducted on November 13, 14 and 15, 1979. In awarding the accreditation, the Joint Commission commended the efforts of the Hospital's staff "toward providing patient care of quality." Among the important elements in the meaning of voluntary accreditation are substantial compliance with the many standards of the Joint Commission on the Accreditation of Hospitals and continual progress toward optimal conditions.

Throughout the years, the JCAH has continuously emphasized improvement in the quality of care provided in hospitals as the central purpose of the accreditation process. It has stressed the need for, and the responsibility of, the medical and other professional staffs to review and evaluate patient care on an ongoing basis, and the need for this care to be provided in a safe environment and in a cost-effective manner. In recent years, quality assessment activities have evolved, proliferated, and matured to the extent that they require a purposeful integration if they are to effect sustained improvement in patient care and clinical performance. An effective quality assurance approach permits flexibility and innovation in its development and implementation, and provides for easy identification and monitoring of its components. The central purpose of the quality assurance effort is improving the quality of patient care and a hospital's success or failure in implementing and documenting appropriate quality assurance activities is a persuasive factor in determining its accreditation status.

The University of Maryland Hospital is indeed pleased to have received a two-year accreditation from the Joint Commission on the Accreditation of Hospitals and plans to devote several of its future BULLETIN contributions to increasing your awareness of the many UMH programs and services which have made such an achievement possible, and which are offered to the citizens as well as the physicians of Maryland and the surrounding region.

Memorial Student Fellowship Honors Senior Resident

In memory of **Jose R. Fuentes '76**, senior resident in obstetrics and gynecology who was killed in a car accident last winter, an endowed student fellowship has been established in the School of Medicine by his wife and father.

The Dr. Jose R. Fuentes Memorial Student Fellowship in Obstetrics and Gynecology will allow a student in the clinical phase of his or her medical education to gain additional experience and exposure in the field Dr. Fuentes had chosen as his specialty.

Dr. Arthur Haskins, former chairman of the Department of Obstetrics and Gynecology, said, "Dr. Fuentes was a dynamic, aggressive and conscientious person who was greatly respected by his peers. He was a good physician and we anticipated him to become a fine and distinguished women's doctor."

He continued, "The establishment of the student fellowship in Dr. Fuentes' memory will provide funds each year for a medical student to spend extra time in obstetrics and gynecology. In this way, we will attract more people with talent into the specialty."

The gift provided by his widow and father has lead to a memorial membership for Dr. Fuentes in the medical school's John Beale Davidge Alliance and the university's President Club.

Student Loan Fund Memorializes Baltimore Furrier

The Jimmie Swartz Foundation of Baltimore has established a student loan fund at the School of Medicine in memory of Jimmie Swartz, a Baltimore furrier whose life was characterized by humanitarian acts.

The fund will honor his memory by providing loans to deserving students who, through their service to the community, demonstrate qualities which Mr. Swartz valued.

Mr. Swartz was a graduate of the University of Maryland at College Park and a founder of the Terrapin Club.



DEAN'S MESSAGE

John M. Dennis, M.D.

At the time I assumed the Deanship seven years ago, I did not recognize that I would have the opportunity to restructure the School of Medicine and provide its direction over the next decade. I knew there would be changes in the leadership of a few departments, but these changes have been greater in number than I had then envisioned.

The evaluation of my leadership will ultimately depend upon the quality of those department chairmen and faculty recruited. And the recruitment of all faculty depends upon the availability of resources. Thus far, our recruitment of quality faculty has gone extremely well due mainly to 1) the assistance of alumni and faculty, 2) the presence of adequate educational and research space provided by State funding, and 3) the continuance of federal capitation funds for the development and improvement of our educational programs. While the assistance of alumni and faculty continues to increase, space, though adequate, is becoming less with the recruitment of each new faculty member, and federal capitation support is becoming much more uncertain with fewer dollars available each year.

During the past five years the School of Medicine has been quite successful in rebuilding and rejuvenating the basic science faculties. Search committees have sought new chairmen for the Departments of Anatomy, Pharmacology, Physiology and Biochemistry. These new chairmen were all selected with the knowledge that they could develop new and innovative educational programs for medical students as well as research programs. Each new chairman has had the opportunity to recruit several new faculty members to strengthen the department's educational and research programs. Consequently, the educational programs for medical students have been greatly improved and at the same time the research grants and contracts awards have increased 50 per cent over the past four or five years, even in the face of decreased NIH funding. The School of Medicine now has over \$20 million in sponsored programs (grants, contracts, traineeships, etc.) which represents approximately 50 per cent of the total School budget. These sponsored programs are important as they provide the resources for young biomedical scientists who assist in the educational programs and who will become tomorrow's faculty members.

Search committees are now actively involved in the selection and recruitment of several new clin-

ical department chairmen. At the same time that recruitment has occurred in the basic science areas, new chairmen have already been selected for the Departments of Radiology, Radiation Therapy and Epidemiology and Preventive Medicine. You have met these individuals on the pages of previous issues of the *BULLETIN*. Doctor David J. Lang, a clinical virologist and immunologist from Duke Medical Center, will assume chairmanship of the Department of Pediatrics on or about September 1, 1980, and Doctor Carlyle Crenshaw, the E. C. Hamblen Professor and Director of the Division of Perinatal Medicine at Duke Medical Center, will become Chairman of the Department of Obstetrics and Gynecology on November 1, 1980. Search Committees are currently screening candidates for the Chairmanships of the Departments of Medicine, Surgery and Neurology. As in the selection of chairmen in the basic science departments, efforts are focusing upon those physicians with the capability to build both excellent educational and research programs.

The quality of the educational process of the School is reflected in our graduates by the hospitals which accepted them for graduate training. Ninety-nine (57 per cent) were accepted for training in major academic medical centers and another 52 (30 per cent) were accepted in major university-affiliated hospitals. It is also interesting to note that 112 graduates (64 per cent) entered graduate training in those specialties designated as primary care specialties—Medicine (40 per cent), Family Medicine (13 per cent) and Pediatrics (11 per cent).

Two years ago when Doctor John S. Toll became President of the University of Maryland, he set as a goal that the University be ranked in the top 10 public universities in America, and that each school within the University likewise strive to be ranked in the top 10 public institutions. Medical schools are in a "fast track" when compared with other professional schools, but I am firmly convinced that circumstances have been such that the University of Maryland School of Medicine is well on its way to entering the top of the public medical school ranks if not the top 10 of all medical schools.

A significant part of our continued success in improving the educational and research programs in our School of Medicine is the support of our alumni, whose response to our call for assistance has been far greater than was ever anticipated.

NEWSMAKERS

Focal Hyperthermia and Malignant Brain Tumors

Glioblastoma multiforme and related brain tumors are responsible for approximately 8-10,000 deaths a year in the United States, approximately the same number of fatalities as Hodgkin's disease. Over the last half century, relatively little progress has been made in the treatment of glioblastoma multiforme, the most common primary brain tumor in adults and the most malignant. More than 80 per cent of the cells in a glioblastoma are poorly oxygenated, under-vascularized and non-cycling, thus making them extraordinarily resistant to the effects of ionizing radiation and chemotherapy. Hyperthermia has been shown to potentiate the effects of such treatments on resistant cells but, until now, no technique has existed for safely delivering heat to a deep target. On June 12, 1980, Dr. Michael Salcman, associate professor of neurological surgery and chief of the neuro-oncology service, and Dr. George M. Samaras, research associate professor of radiation therapy and director of the neuro-oncology research laboratories, implanted a miniature microwave antenna into the brain of a 28-year-old glioblastoma patient. On the day of surgery and two days later, a thermal field was produced at the tumor site during one-hour treatments when the device was connected to a microwave generator operating at 2450 million cycles per second. During the operation, Dr. Salcman and his team removed as much tissue as they could from the frontal lobe portion of the lesion and then placed the antenna in parietal lobe portion of the tumor. Measurements were then made of the temperature distribution in the tissue surrounding the antenna, of the power levels required to reach certain temperatures, of the rapidity of cooling in the brain when the power was switched off, and of the effect on the intracranial pressure during heating.

The first implantation successfully demonstrated the safety and feasibility of deep microwave heating within the human brain



The lack of any adverse effect on neurological function, vital signs, intracranial pressure or on the CT scan is highly encouraging and duplicates the results in laboratory animals investigated by the two scientists during the past three years at the University of Maryland. Nevertheless, the effectiveness of this new treatment modality cannot be demonstrated until it is employed in highly complex clinical studies involving the use of other concurrent therapies such as radiation and chemotherapy. Drs. Samaras and Salcman are already at work on a non-invasive thermotherapy system utilizing computers to control the delivery of microwaves deep into the head from external (i.e., non-penetrating) applicators and hope to couple this system to the CT scanner for treatment planning.

The microwave thermotherapy research is but one approach being taken by investigators on the neuro-oncology service, a collaborative study group directed by Dr. Salcman but involving many departments and divisions outside of Neurological Surgery, including Radiation Therapy, Neuropathology, Neuroradiology, and the Baltimore Cancer Research Program. Dr. Salcman feels that the therapy of glioblastoma cannot be advanced without each cellular compartment within the tumor being addressed by a treatment specifically designed and targeted for it. Individuals interested in discussing or supporting clinical and research programs and/or problems involving the central nervous system and cancer are encouraged to contact the service.



PROGRAM OF CONTINUING EDUCATION

FUTURE COURSES 1980-81

September 18

Community Health: An Interprofessional Course and Workshop on Baltimore's Major Health Problems, Baltimore Convention Center

September 25-October 30

Selected Topics in Family Practice, Part I, University of Maryland at Baltimore

September 26-27

Behavioral Aspects of Adolescent Health Care, Sheraton, Ocean City, Maryland

October 7

Current Concepts in Corneal and Retinal Disease: 2nd Annual Symposium, University of Maryland at Baltimore

November 7-8

Medical Update for Practicing Psychiatrists, International Hotel, Baltimore

November 14-15

The Sudden Infant Death Syndrome and the Management of Prolonged Infantile Apnea, University of Maryland at Baltimore

November 17

Toward An Integrative View of Family Therapy, University of Maryland at Baltimore

January 12-17

EMS Systems and Trauma Center Development, St. Thomas, U.S. Virgin Islands

January 30

Movement Disorders, University of Maryland at Baltimore

February 19-March 25

Selected Topics in Family Practice, Part II, University of Maryland at Baltimore

March 12-14

Sixth Annual Symposium on Advances in Cancer Treatment Research, Hilton/Baltimore Convention Center

March 27

Psychopathology of Aging: An Update, University of Maryland at Baltimore

March 30-April 1

Internal Medicine Update and Review, Hilton/Baltimore Convention Center

UPDATE
UPDATE
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PRESIDENT'S MESSAGE

Dear Fellow Alumni:

What does a person say who is about to become the Past-President of an organization? In retrospect, the past year as President of the University of Maryland Medical Alumni Association has been busy, interesting, and gratifying. There is the routine, but also the unexpected, such as the need to activate an ad hoc committee to raise the additional monies needed both to finish the restoration of Davidge Hall and to establish an endowment for its maintenance, the committee was formed which Dr. Ross Pierpont willingly agreed to chair.

Our alumni have shown their loyalty to the School, and their awareness of its need for monies that are not available through the usual channels, by thus far contributing \$210,000 during the annual fund raising drive. Since this is only the third year the Association has conducted such a program, we are indeed gratified by this response. Let us continue with this generosity. Most heartwarming during the past year has been the response to the John Beale Davidge Alliance, with fifteen persons agreeing to pledge \$10,000 or more. And, again, my thanks to Dr. Eli Galitz, who served as National Chairman, and to Dr. William Dunseath and his crew of fifty-five volunteers who made the Phonothon a tremendous success. Last, but not least, let me thank each of you—you will be recognized when the final results and the Honor Roll appear in the next issue of the *Bulletin*.

The alumni of the Fort Lauderdale/Hollywood, Florida area hosted a cocktail buffet supper for alumni in their area. Dean Dennis, Jean Coral, and I attended and extend our appreciation to Dr. and Mrs. Bernard Milloff '44 for arranging the event, as well as Mortimer Abrashkin '32 and Joseph Nataro '25. One of our future aims is to bring together our alumni at such gatherings in other parts of the country in the coming year.

The Annual Reunion report and photographic coverage will appear in the next issue, but it was great fun for those who attended and had an opportunity to greet old friends. The class of 1930, the fifty-year graduates, with twenty-five members in attendance were inspiring by their obvious display of vigor and enjoyment of this event. The reunion was topped by the Honor Award and Gold Key for "outstanding contributions to medicine and distinguished service to mankind," which was bestowed on Dr. Aaron Feder of New York, a most loyal alumnus of the class of 1938.

My gratitude and thanks for the loyal support of Dean John Dennis, the members of the Board of Directors, and to our Executive Director, Jean Coral, and her dedicated hard-working staff.

I am sure that the alumni of the University of Maryland School of Medicine will continue to give their support to our incoming President, Dr. Raymond Donovan, class of 1958.

Virginia Huffer, M.D.

CERTIFICATE OF RECOGNITION RECIPIENTS

FIFTY-YEAR

CLASS OF 1930

Ailton Robert Arons
George M. Baumgardner
Meyer Milby Baylus
William Belinkin
Kenneth L. Benter
Rudolph Berke
Merle D. Bonner
Lester Thomas Chance
Clay E. Durrett
Charles J. Farinacci
Wylie Melvin Faw, Jr.
Vincent James Fiocco, Sr
Samuel C. Fisher
Abraham Gartinkel

Harry E. Gerner
Paul F. Gersten
Leon Ginsberg
Lester M. Goldman
Jacob Everett Goldstein
Julius H. Goodman
John H. Hornbaker
Maxwell Hurston
Marshall Vaden Jackson
Marius Pitkin Johnson
Frederick D. Keller
Abraham Kremen
Esther F. Kuhn
Morton L. Levin

Frank Russell Lewis, Sr
G. Bowers Mansdorfer
Benjamin H. K. Miller
Victor J. Montilla-Hernandez
Charles Yarnell Moser
Nathan E. Needle
Robert D. Oliver
Zack D. Owens
Robert Perlman
Abner H. Rosenthal
George J. Sawyer, Jr
Louis R. Schoolman
Joseph J. Smith
G. Truman Thompson

TWENTY-FIVE-YEAR

CLASS OF 1955

John G. Albrecht
George Kohler-Baer
Stanley P. Balcerzak, Jr
James J. Ball
Robert M. Barnett
Eugenio E. Benitez
Otto C. Beyer
Norman Blankman
Albert B. Bradley
Philip C. Brunschwyler
Foster L. Bullard
Donald C. Cameron
Neal C. Capel
Joseph W. Cavallaro
Roderick E. Charles
James M. Close
Roger D. Cornell
Roger W. Cole
Everard F. Cox
Mary Viola Daly
Theodore A. Dann
John J. Darrell
Thomas E. Davis
Donald H. Dembo
Henry A. Diederichs
William Dvorine
John A. Engers, Jr
Joseph C. Eshelman
Martin J. Feldman
George H. Friskey
C. Barton Galloway
John R. Gauld

Vernon M. Gelhaus
George E. Gittord, Jr
George T. Gilmore
Julian R. Goldberg
Marvin A. Goldiner
Gary S. Goshorn
Daniel B. Harris
Alvin W. Hecker
Harry H. Herbst
Henry B. Higman
Walter N. Himmer
William Hollister, Jr
Paul C. Hudson
James L. Hughes
Alfred E. Iwantsch
Walter E. James
Murray Kappelman
William P. Keefe
James T. Keegan
Louis E. Kimmell, Jr
Daniel D. King
William H. Kirby, Jr
Yale L. Klugman
Jonas C. Kolker
C. Ronald Koons
Morton D. Kramer
Violet S. Kron
William F. Krone, Jr
Robert C. Lancaster
Norman W. Levy
Richard F. Leighton
Ernest A. Leipold, Jr

Anthony A. Lewandowski
Frank W. Longo
Sidney M. Lytton
John P. McCowan
David B. McIntyre
Jack H. Mendelson
Albert L. Mooney
George L. Morningstar
Leonard J. Morse
Paul G. Mueller
James T. Murphy
Frank Nataro
James P. Neeley
George N. Polis
Robert Poppie
Charles B. Pratt
Joan Raskin
Albert M. Sax
John E. Schanberger
Robert G. Shirey
Richard E. Small
Clovis M. Snyder
Alexander Spock
Phillip G. Staggers
William Sterling
Donald W. Stewart
Karl E. Sussman
Joseph E. Stitcher
Peter Thorpe
F. Richard Walton
Ann Marie Ward
Charles C. Welling
Herbert Leonard Yousem

1930's

Theodore E. Woodward '38, professor and head of the Department of Medicine, continues to bring distinction to himself and the School of Medicine on his peripatetic rounds as visiting professor at other institutions. This spring he spoke and taught to acclaim at the University of Rochester School of Medicine, Temple University School of Medicine, Rutgers Medical School, University of Florida School of Medicine, New York VA Medical Center, and Boston University School of Medicine, at the latter as Franz J. Ingelfinger Visiting Professor

Alexander E. Brodsky '42 is clinical associate professor of orthopedic surgery at both Baylor College of Medicine and the University of Texas Medical School, Houston and is on the attending staffs at Texas Children's, St. Elizabeth's, Riverside, St. Luke's Episcopal, Methodist, St. Joseph's, Ben Taub and Shrine, and Houston VA Hospitals. One of his sons, James, is following in his father's footsteps and has begun his residency in orthopedics this July.

1940's

Edmund G. Beacham '40, a Baltimore internist, was recently elected president of the alumni association of the Baltimore City College. Founded in 1839, the school today ranks as the third oldest high school in the United States. Through the years, as many as twenty members of each medical school class have earned their high school diplomas there.

Austin E. Givens '45, Antioch, California, has been named to the board of directors of the American Occupational Medical Association. Dr. Givens is western regional medical supervisor of E. I. duPont deNemours and Company and is assistant clinical professor of occupational medicine at University of California Medical Center, San Francisco. He is a diplomate of the American Board of Surgery and the American Board of Preventive Medicine, certified in occupational medicine, a fellow of the American Occupational Medical Association and the American College of Surgeons. He was president of the Western Occupational Medical Association and serves on the State of California OSHA Advisory Committee.

Dr. Givens and his wife, Mary, have three children, Thomas, Jean Ann, and Paul.



E. Beacham '40

1950's

Miriam S. and Harold L. Daly, Jr., both '50, reside in Albion, Michigan. Miriam is in the private practice of pediatrics and a Diplomate of the American Board of Family Practice while Harold is in general surgery and a Fellow of the American College of Surgeons. Both are committed to numerous community activities, which include scouting, and share a common interest in boating. The Daly's have four children, John, Martha, Thomas and David.

Mario R. Garcia-Palmieri '51, professor and head of the Department of Medicine, University of Puerto Rico, San Juan, has been appointed a member of the President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research.

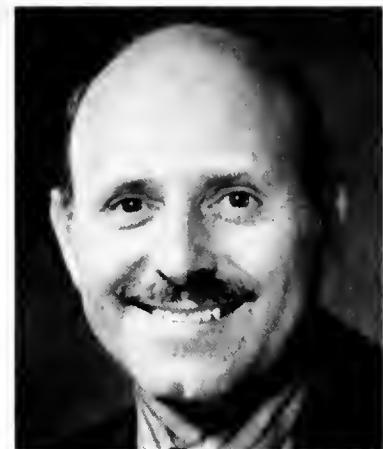
Joseph W. Cavallaro '55, who conducts a private ENT practice in Hickory, North Carolina, was recently awarded membership in the Medical Alumni Association's John Beale Davidge Alliance and the University's Presidents Club in recognition of a major gift for the medical school.

Carl Jelenko III '57 is professor and chairman, Department of Emergency Medicine and professor of surgery at the Wright State University School of Medicine, Dayton, Ohio.

Otorhinolaryngology, 2nd edition, Medical Outline Series issued in May, 1980 by the Medical Examination Publishing Co. was authored by **Stanley N. Farb '58**. He also authored *Medical Examination Review Book—Otolaryngology*, 4th edition.

1960's

Alice Shannon Fuchs '63 was reappointed psychiatric representative on the Psychiatric Security Review Board for the state of Oregon, a position which she has held since December, 1978. She also conducts a private psychiatric practice in Portland.



J. W. Cavallero '55

Lois A. Young '60, Baltimore, is clinical professor in the Department of Ophthalmology and president of the Maryland Society of Eye Physicians and Surgeons. She is also president of the board of directors of the Maryland Society for the Prevention of Blindness as well as a board member of the Baltimore City PSRO and councillor of the Medical and Chirurgical Faculty of Maryland.

A hospitality house where parents can stay while their children undergo treatment will be built next to the University of Maryland Hospital. Scheduled to open in 1981, the Ronald McDonald House will be constructed and maintained by the Hematology-Oncology Support Services, Inc., an organization which includes, among others, former members of the Baltimore Colts and Maryland owners of McDonald's Restaurant franchises. **Allen D. Schwartz '64**, professor of pediatrics, was a prime motivator for the philanthropy. The Ronald McDonald House will be located on property made available by the University of Maryland at the corner of West Lexington and Arch Streets next to historic Pascault Row.



S. R. Donohue '64

A native of Baltimore, **Salvatore R. Donohue '64**, was recently named vice president for medical affairs at Maryland General Hospital. Dr. Donohue joined the staff of Maryland General as director of ambulatory services in 1971 and was appointed medical director in 1976.

1970's

The first alumna to be so honored, **Christine L. Commerford '79** received the Distinguished Alumnus Award from her alma mater, Mount Saint Mary's College, Emmitsburg, Maryland. Dr. Commerford completed her undergraduate work there in 1975.

Married to Harry Neiderer, she resides in Baltimore where Dr. Commerford is a second-year resident in family medicine.

After completing a residency program in internal medicine, **Doris L. Swauger '77** has joined the faculty in the Department of Medicine at the Medical University of South Carolina, Charleston. Dr. Swauger is married to **Alan S. Gertler '77**.



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Errata

The *Bulletin* regrets the mistake in identifying alumni in the second picture on page 29 of the Spring issue. The alumnus on the left is Harry Cohen '43, clinical professor of anesthesiology at the Florida Medical School, Coral Gables and center Dr. I. A. Siegel, clinical professor emeritus in the Department of Obstetrics and Gynecology.

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Dr. Arthur L. Haskins, professor and chairman of the **Department of Obstetrics and Gynecology** for the past 25 years, retired from the School of Medicine on June 30. Dr. Haskin was the first to chair and combine the obstetrics and gynecology services as well as attract a full-time staff to the department. He and his wife, Kathryn, have retired to Savannah, Georgia where he will continue to teach part time. The BULLETIN wishes Art and his wife a long, happy, and healthy retirement.

Dr. Raymond T. Jones of the **Department of Pathology** was an invited speaker at the National Pancreatic Cancer Project's international meeting on pancreatic cancer in New Orleans. Dr. Jones has received grants from the project for the past four years.

R. Ben Dawson, M.D., director of the Hospital's blood bank and transfusion service and professor of pathology, attended the World Health Organization (WHO) meeting in Geneva to discuss the health aspects of plasmapheresis and hyperimmunization. He is one of five United States members of the WHO Expert Advisory Panel on Human Blood Products and Related Substances.

Dr. Dawson also co-chaired the scientific section on autologous transfusion at the annual meeting of the Association for the Advancement of Medical Instrumentation in San Francisco. While there, he addressed the Hematology Research Group and lectured to the annual meeting of the California Association of Blood Banks. Returning to Baltimore, he directed the university's International Symposium on Autotransfusion.

Dr. and Mrs. Frederick J. Balsam of Baltimore have established and endowed a student summer fellowship in the Department of Rehabilitation Medicine at the School of Medicine. Dr. Balsam has been a practitioner of rehabilitation medicine for 30 years and a long-time faculty member.

On May 9, 1980 the **endocrinology division** of the Department of Medicine held a reunion at which former trainees honored their mentor, **Thomas B. Connor '46**, professor of medicine. The program was moderated by T. Kenny Gray '65, professor of medicine and pharmacology, University of North Carolina School of Medicine. Dr. Francine D. Camitta, co-director of endocrine clinic, York Hospital, discussed "Glycosylated Hemoglobin (HgA₁C): A New Clinical Tool." "The Renal Tubular Effects of Parathyroid Hormone" was the topic presented by Dr. Jules Puschett, professor of medicine, University of Arkansas of Medical Science. Jane Mahaffey '70, instructor of medicine, Harvard Medical School presented "New Aspects of Calcitonin Physiology" and Zalman Agus '65, chief of the renal-electrolyte division, Hospital of University of Pennsylvania, discussed the "Pathogenesis of Idiopathic Hypercalciuria." Dr. Gray closed the formal session by presenting "The Maternal Fetal Metabolism of Vitamin D." After these formal tributes by Dr. Connor's trainees, the group continued their accolades more informally at a wine and cheese party.

Dr. Hans Kaiser of the **Department of Pathology** has written a new book entitled *Species-Specific Potential of Invertebrates for Toxicological Research* published by University Park Press. The book provides guidance for scientists in such disciplines as medicine, agriculture, toxicology, biochemistry, and biophysics in the use of invertebrates in research efforts. It covers for the first time the taxonomy, anatomy, histology, physiology, biochemistry, pathology, toxicology, pharmacology, and immunology of invertebrates.

On January 3, 1979, at the age of 88, **Joseph Judson Waff '15**, Shenandoah, Virginia. Dr. Waff was a general practitioner.

On October 3, 1979, at the age of 91, **Lemuel A. Lasher '17**, Erie, Pennsylvania. Dr. Lasher was a general surgeon and chief of surgery at Saint Vincent's Hospital, Erie. He served in the military service during World War II.

In July, 1979, **Robert Franklin Sledge '18**, Norfolk, Virginia. In the early 60s, Dr. Sledge retired from active duty as captain, United States Navy.

On December 11, 1979, at the age of 79, **John Ogle Warfield '22**, Washington, D.C. Dr. Warfield conducted a private surgical practice until 1960 and was staff surgeon at the Bionetics Research Laboratory, Kensington, Maryland. He was the recipient of several professional awards, among them the Gold Medal and Hirsh Pathology Award from the University of Maryland and the Vicennial Medal from Georgetown University Medical School.

On March 22, 1978, at the age of 78, **Joseph H. Schwab '24**, Woodhaven, New York. Active in the practice of internal medicine, Dr. Schwab was a consultant to the United Cerebral Palsy Foundation and Consolidated Edison.

On August 22, 1979, at the age of 77, **Henry Oshrin '25**, West New York, New Jersey. A general practitioner, Dr. Oshrin was police and fire surgeon for the town of West New York and served three years in the military during World War II.

On November 14, 1979, **Robert F. Rohm '31**, Carnegie, Pennsylvania. Dr. Rohm was retired from the practice of ophthalmology.

On March 25, 1980, at the age of 60, **Herbert Brandes '44**, Hyattsville, Maryland. A family practitioner, Dr. Brandes served as a captain on the staff of the Army's plastic surgery service during World War II.

At the age of 60, **Wilbur N. Baumann '50**, Cambridge, Maryland. A general practitioner, Dr. Baumann was a member of the board of Dorchester General Hospital and served as an officer in the Navy during World War II.

On August 22, 1978, at the age of 43, **Harry V. Langeluttig, Jr. '61**, El Dorado Springs, Missouri. Combining family practice with obstetrics/gynecology, Dr. Langeluttig was affiliated with the Osage Prairie Medical Corp. and was responsible for the founding of medical clinics in El Dorado Springs and Nevada, Missouri.

On February 2, 1980, at the age of 31, **Jose R. Fuentes '76**, Mitchellville, Maryland. Dr. Fuentes was a senior resident in obstetrics and gynecology at University of Maryland Hospital at the time of his death.

Gail W. Kahle P&S '10, Marienville, Pennsylvania

Antonio Rodriguez, Jr. '17, Baltimore, Maryland, in 1978

George C. Halley '22, Twin Falls, Idaho

Leonidas M. Draper '25, Corpus Christi, Texas, in December, 1980

Meyer S. Jolson '26, Covington, Kentucky

Clarence Morrison '31, Sutton, West Virginia

Dwight Currie '32, Eagle Mere, Pennsylvania, in January 1977.

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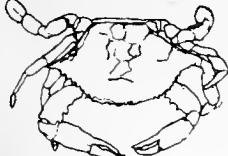
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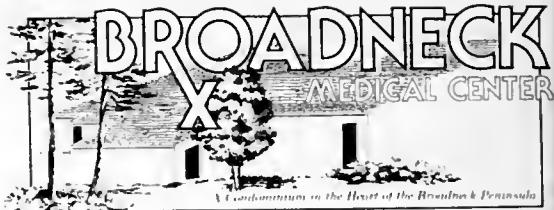
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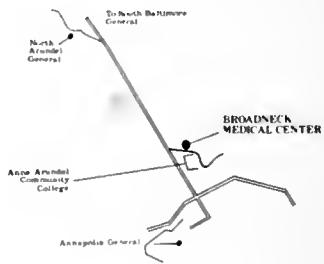
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BULLETIN

university of maryland school of medicine

Vol. 65 No. 3

Fall, 1980

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COVER: The new record in Annual Giving this past year honors Dean John M. Dennis '45 for his leadership at the School of Medicine. Cited recently for his profession's highest honor, the American College of Radiology Gold Medal, Dean Dennis has been the catalyst for new ideas and approaches to the education of physicians, the treatment of disease and the delivery of health care.

Cover photo by Phil Szczepanski

FINAL REPORT—ANNUAL GIVING 79-80

The 1979-80 Annual Fund which concluded in July not only exceeded its goal but set new records. The exceptional generosity of alumni and friends of the medical school will help the Dean in his continuing efforts to bring greatness and excellence to our school.

Progress in academic institutions is measured by many yardsticks—enrollment, faculty and their research accomplishments, quality of the graduates, physical facilities, among others. Equally important is the measure of support given an institution by its alumni and friends. The increase this past year in alumni interest and activities and the number and amount of contributions to the Annual Fund gives evidence of significant progress at Maryland.

John Beale Davidge Alliance

A notable achievement was the addition of 15 new names to the rolls of the John Beale Davidge Alliance. Listed for the first time are 13 alumni, an associate of our alumni association and a foundation: Dr. Marvin S. Arons, Dr. and Mrs. Frederick J. Balsam, Dr. Jose R. Fuentes, Dr. Charles E. Gill, Dr. Julius E. Gross, Dr. Meredith S. Hale, Dr. Jeffrey A. Kleiman, Dr. Byruth King Lenson-Lambros, Dr. Herbert H. Marton, Dr. Frederick W. Plugge, IV, Dr. Ramon F. Roig, Jr., Dr. Wallace H. Sadowsky, The Jimmie Swartz Foundation, Dr. Raymond K. Thompson, Dr. Max Trubek, Dr. Hans R. Wilhelmsen.

Most of these new members to the Davidge Alliance were enrolled through the efforts of William J. R. Dunseath '59.

The bronze plaque, recognizing members of the John Beale Davidge Alliance, was dedicated during alumni day. Assisting Dean Dennis and Dr. Huffer in the unveiling was Ann Moore Fuentes, widow of Jose R. Fuentes '76, who, with her father-in-law, established a memorial student fellowship in obstetrics and gynecology as a memorial to Dr. Fuentes.

After the dedication ceremonies, the School of Medicine and the Medical Alumni Association entertained the alliance members at a luncheon in the Howard Hall Tower. Recent members and those whose membership was attained by their commitment to the Presidents Club of the University had the opportunity to meet at the first gathering of this dedicated group.

Parents Fund Sets New Record

Responding to a letter they received from Dean Dennis, the tax and tuition paying parents of 709 medical students contributed a total of \$7,720 to the Parents Fund, an almost 400 percent increase over the first year's results. Gifts received from this fund raising effort conducted by the Office of the Dean traditionally are used to improve the quality of student life at the medical school.

Children of 21 medical school alumni were students at our medical school during the past academic year. Gifts of \$100 or more were received from 38 parents and matching donations to the parents gifts were made by Connecticut Mutual Life, C and P Telephone and Allied Chemical.

Although the School of Medicine only accounts for a little over 1.4 percent of the students enrolled throughout the University and about 6 percent of the contributing parents, efforts of the School of Medicine raised 25 percent of the money contributed to the total University Parents Fund.

Special Gifts and Special Thanks

To stimulate interest among medical students in his field, Dr. and Mrs. Frederick J. Balsam, of Baltimore, have established the **Balsam Endowed Student Fellowship in Rehabilitation Medicine**.

Dr. Balsam, a member of the Medical Alumni Association has been a practitioner of rehabilitation medicine for over 30 years and a faculty member 20 years. Mrs. Balsam is a retired educator. Their gift has obtained for them membership in the John Beale Davidge Alliance and Presidents Club.

The estate of Alvin B. Filbert, Baltimore-based condiment manufacturer, provided \$250,000 for support of the **Martha V. Filbert Radiation Center** in the University of Maryland Hospital. Mr. Filbert established the radiation center during his lifetime as a memorial to his mother and he has been memorialized with membership in the University's Presidents Club.



Dr. Finkelstein

The **Abraham H. Finkelstein Memorial Lecture in Pediatrics** is the result of gifts received by the Medical Alumni Association and the School of Medicine from Dr. Finkelstein's many colleagues and friends. After his death in 1978, the lectureship was established as a memorial to the former faculty member and director of the pediatric outpatient department.

Dr. Finkelstein's association with the School of Medicine dated back to his graduation in 1927 when he trained in pediatrics and began work in the pediatric outpatient department in 1928. He joined the school's faculty in 1930 and became a director of the pediatric outpatient department in 1935, a position he filled until his death. He was professionally well known and respected as a pediatrician and an expert in chest diseases of children, especially tuberculosis.

In memoriam, membership has been provided for Dr. Finkelstein in the John Beale Davidge Alliance.

Jose R. Fuentes '76 was senior resident in obstetrics and gynecology at University of Maryland Hospital until a fatal car accident last winter. In memoriam, the **Jose R. Fuentes Memorial Endowed Student Fellowship** in the

Department of Obstetrics and Gynecology was established by his wife, Ann Moore Fuentes, and father, Guillermo N. Fuentes. Also, a memorial membership in the John Beale Davidge Alliance was established in his name.

The purpose of the student fellowship is to encourage medical students to select obstetrics and gynecology as their medical specialty. Dr. Arthur Haskins, former chairman of the department, said, "We appreciate his family's establishment of the student fellowship which will help attract persons like Dr. Fuentes to the specialty of obstetrics and gynecology."

Bernard S. Kleiman '39, who is in the private practice of otolaryngology in Baltimore, has established an endowment for the **Stephen E. and Jeffrey A. Kleiman Lecture in Dentistry and Medicine** to provide a forum for distinguished individuals to lecture on timely and practical subjects of interest to students, faculty and practitioners in both fields. The lectureship is a tribute to the selection of health profession careers by his sons and is the first endowed lectureship in the University of Maryland system to serve two schools.

Stephen E. Kleiman, D.D.S., a 1976 graduate of the School of Dentistry, is in private practice in Baltimore. Jeffrey A. Kleiman, M.D., a 1980 graduate of the School of Medicine, is a family practice resident at the University of Cincinnati. Because of this gift, Dr. Jeffrey A. Kleiman has become a member of the John Beale Davidge Alliance and the Presidents Club.

Dr. Bernard S. Kleiman is also responsible for the establishment of the annual **Bernard S. Kleiman Lecture in Otolaryngology** which was initiated in 1979 with a two-day presentation by Dr. Michel Portmann.



Dr. Kleiman



Dr. Lenson-Lambros

The first endowed lectureship established in the School of Medicine by a woman will become a reality with the testamentary commitment made by **Byruth King Lenson-Lambros**. One of two women graduating in the class of 1927, Dr. Lenson-Lambros was among the first female graduates of the School of Medicine. She began her practice of family medicine in 1931, opening her office with a free bi-weekly baby clinic. Over the years her practice grew to include men as reservations about her gender disappeared. She practiced family medicine for 50 years, retiring at age 79. In 1973 she became a fellow of the American Academy of Family Medicine.

As a result of her bequest provisions, Dr. Lenson-Lambros has become a member of the John Beale Davidge Alliance and the Presidents Club

The **Steinberg-Wylie Endowed Lectureship** for the Department of Biological Chemistry was established by Samuel Steinberg '36 as a memorial to H. Boyd Wylie, M.D., 1887-1963. Dr. Wylie devoted his career to medical education serving as professor and chairman of the Department of Biochemistry and as dean of the School of Medicine.

Dr. Steinberg, a Philadelphia family physician, established the lectureship so that distinguished individuals, with the ability to influence and inspire young investigators and students, may be invited to lecture on future directions in biochemistry. Dr. Steinberg, who worked his way through college and medical school, credits Dr. Wylie with encouraging and persuading him to remain in medical school when financial difficulties threatened to cause him to withdraw.

Dr. Steinberg is a member of the John Beale Davidge Alliance and the Presidents Club

The Swartz Foundation Student Loan Fund was established in memory of Jimmie Swartz, a graduate of the University of Maryland at College Park and a founder of the Terrapin Club. Jimmie Swartz was a Baltimore furrier whose life was characterized by humanitarian acts. John Beale Davidge Alliance and Presidents Club memberships have been provided for the Jimmie Swartz Foundation.

The student fund honors his memory by providing loans to deserving students who, through their services to the community, demonstrate qualities which Mr. Swartz valued. The first loans have been made to four deserving members of the freshman class.

An unusual bequest by a medical alumnus and long-time resident of Chattanooga has resulted in the **Dr. Charles Roberts Thomas Scholarship** to the School of Medicine for freshman student Jerome Howell. Mr. Howell's good fortune stems from the 1969 bequest by Dr. Thomas who stipulated that the scholarship endowed at his death be awarded for the first time in 1979 to a graduate of the University of Tennessee at Chattanooga. Mr. Howell, a 1980 graduate, met that criterion as well as the especially high academic criteria for admission of an out-of-state resident. The award from the scholarship fund should cover almost half of his tuition and fees.

Dr. Thomas received his undergraduate degree *magna cum laude* from the University of Maryland at College Park and his medical degree in 1917. For many years he was chief of medical services at Erlanger Hospital in Chattanooga.

A Final Word of Thanks

The record success of last year's campaign is due, not only to those special gifts recorded above, but to the generous response of all those alumni and friends who contributed to the call for those extra dollars that make for the extra edge of excellence. The list of givers grows and every attempt has been made to make the following list accurate. Please let us know if there are any inaccuracies or omissions because we want each of you to take pride and to be recognized for your help to the development of the School of Medicine. The Alumni Association and the BULLETIN salute you all.

1979-80 DONATION DATA

Restricted Funds

Davidge Hall Restoration Fund	\$ 52,009
Finkelstein Memorial . . .	9,656
Fuentes Student Fellowship	10,000
Student Loan Fund	6,005
School of Medicine:	
Academic Enrichment	1,805
Cardiology . . .	200
Dermatology	350
Family Medicine	650
Learning Resources Center	375
Medical School Library	100
Medicine	125
Orthopedics	100
Pediatrics	50
Psychophysiological Clinic	500
Steinberg/Wylie Lectureship	100
Total Restricted.....	\$ 82,025
Unrestricted Funds.....	<u>127,750</u>
TOTAL DONATIONS RECEIVED 1979-80	\$209,775
Outstanding Pledges (John Beale Davidge Alliance)	<u>143,000</u>
	\$352,775

PERCENTAGE OF PARTICIPATION

<i>Range of Gift</i>	<i>No. of Donors</i>	<i>Percentage of Total Gifts</i>
\$1,000 or over (Founders Club)	35	2
\$500 or over (John Carroll Society)	56	3
\$100-499 (Dean's List)	781	53
All other gifts	<u>608</u>	<u>42</u>
	<u>1,480</u>	<u>100</u>

1979-80 HONOR ROLL

It is with gratitude and appreciation that the 1979-80 Honor Roll is published. When fund-raising activities began in 1977, 9% alumni participation was recorded. Three years later, that participation increased to 23%.

Under the leadership of Eli Galitz, National Chairman, William J. R. Dunseath, Phonothon Chairman, and Virginia Huffer, 1979-80 President, gifts tripled over the first year.

To each of you—donors and volunteers alike—you may take special pride in your contribution which permitted the tradition of excellence in medical education to continue at the School of Medicine at the University of Maryland.

The members of the Board of Directors of the Medical Alumni Association wish to express their most sincere appreciation to you on behalf of Dean John M. Dennis, the faculty and students.

JOHN BEALE DAVIDGE ALLIANCE

This is a very select group of committed alumni and friends presently numbering 51 who provide the School of Medicine with a special measure of financial strength through their generous gifts. Listed below are alumni and faculty members who have pledged this outstanding support as of October 1980.

Dr. James R. Appleton, 1961*
Dr. Marvin S. Arons, 1957*
Dr. and Mrs. Frederick J. Balsam
(Faculty)*
Dr. Herbert Berger, 1932
Dr. Joseph W. Cavallaro, 1955
Dr. Cornelia P. Channing (Faculty)
Dr. and Mrs. Elwood A. Cobey, 1977*
Dr. Eva F. Dodge, 1925
Dr. Abraham H. Finkelstein, 1927*
Dr. Jose R. Fuentes, 1976*
Dr. Eli Galitz, 1943-D
Dr. Richard M. Galitz, 1980*
Dr. and Mrs. Joseph B. Ganey, 1945
Dr. Charles Getz, 1879

Dr. Charles E. Gill, 1927*
Dr. Julius E. Gross, 1907*
Dr. Meredith S. Hale, 1958*
Dr. Wilson A. Heefner, 1960*
Dr. W. Ray Hepner, Jr. (Faculty)
Dr. Bernard S. Kleiman, 1939
Dr. Jeffrey A. Kleiman, 1980*
Dr. and Mrs. John C. Krantz, Jr.
(Associate)
Dr. Ruth K. Lenson-Lambros, 1927*
Dr. Herbert M. Marton, 1956*
Dr. Frederick W. Plugge, IV, 1957*
Dr. Ramon F. Roig, Jr., 1959*
Dr. Robert L. Rudolph, 1948
Dr. Wallace H. Sadowsky, 1942*

Dr. William H. Seabold, 1931
Dr. Albert Shapiro, 1937
Dr. Benjamin M. Stein, 1935
Dr. Douglas N. Stein, 1977*
Dr. Samuel Steinberg, 1936
Dr. Rutus Thames, 1954
Dr. Raymond K. Thompson, 1941*
Dr. Max Trubek, 1926*
Dr. H. Leonard Warres, 1938
Dr. Hans R. Wilhelmsen, 1959*
Dr. William I. Woltt, 1940*
Dr. Celeste L. Woodward, 1938
Dr. Theodore E. Woodward, 1938
Dr. William Yudkoff, 1929*

*New Membership

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recognizes gifts from \$1,000 to \$9,999

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Deleon E. Best '24
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Sylvan Frieman '53

Eli Galitz '43
Richard Galitz '80
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Wilson A. Heefner '60
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Stanford A. Levine '54
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Herbert M. Marton '56
George L. Morningstar '55

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Douglas N. Stein '77
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Michael J. Vinciguerra Trust '12
Hans R. Wilhelmsen '59
Arthur F. Woodward '45

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 Kennard Yaffe '38

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Boyd Myers '67	Julian W. Reed '52	Joseph E. Shuman '53	Isadore Tuerk '34
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Charles A. Neff '43M	Eugene J. Riley '44	Kathryn Skitarelic '69	Paul B. Voelkel '69
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Saul C. Newman '29	Ernesto Rivera '66	Jean C. B. Smith '54	Jerald P. Waldman '72
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Julio T. Noguera '50	Isadore M. Robins '37	Robert A. Sofferman '67	William T. Ward '58
Jean M. C. O'Connor '54	Alice H. Robinson '45	David Solomon '51	Bryan P. Warren, Jr. '52
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Michael E. Pelczar '65	John Paul Sakowski '37	Jeffrey S. Stier '66	Donald A. Woltel '52
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George A. Abeshouse '56
 Leslie D. Abramowitz '66
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 Edward J Koenigsberg '62
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 Sheldon Lerman '77
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 Roberta Tucker '73
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 Stuart H Yuspa '66
 Stanley Zahorski '70
 Arno L Zaritsky '76
 Paul R Ziegler '43D
 Loy M Zimmerman '42
 Israel Zinberg '20

THE CLASS RECORD

CLASS of '13
2 GIFTS — \$20
Average Gift \$10

Harry C. Raynor
W. Houston Toulson

CLASS of '20
1 GIFT — \$25

Israel Zinberg

CLASS of '21
1 GIFT — \$100

Oscar Costa-Mandy

CLASS of '22
1 GIFT — \$25

Louis M. Shapiro

CLASS of '23
1 GIFT — \$50

Robert L. Murray

CLASS of '24
1 GIFT — \$1,000

Deleon E. Best

CLASS of '25
13 GIFTS — \$615
Average Gift \$47.31

M. Paul Byrd
W. R. Cadle
Abraham A. Cahn
D. McClelland Dixon
Harry H. Epstein
Harold H. Fischman
Samuel S. Glick
John P. Keating
Edgar R. Miller
C. A. Minnetor
Joseph D. Nataro
Joseph L. Pollizzotti
Thomas B. Turner

CLASS of '26
2 GIFTS — \$2,010
Average Gift \$1,005

Elizabeth B. Sherman
Max Trubek

CLASS of '27
6 GIFTS — \$1,240
Average Gift \$206.67

Harold W. Eliason
Abraham Gellar
Charles E. Gill
Bernard Glick
Charles Kutner
Sol M. Lazow

CLASS of '28
9 GIFTS — \$875
Average Gift \$97.22

Bernard Friedman
Samuel Hankin
Philip L. Kaye
Maurice Levinsky
Frank A. Merlin
Hyman Rubenstein
Morris H. Satron
Abraham A. Silver
Theodore E. Stacy

CLASS of '29
9 GIFTS — \$730
Average Gift \$81.11

Joseph N. Corsello
Emanuel Feit
J. Savin Garber
Irving Lynn
Roy H. McDowell
Saul C. Newman
Jacob V. Sater
W. Glenn Speicher
George H. Yeager

CLASS of '30
8 GIFTS — \$800
Average Gift \$100

Meyer M. Baylus
Rudolph Berke
Wylie M. Faw Jr.
Maxwell Hurston
Abraham Kremen
Morton I. Levin
Robert Perlman
Louis R. Schonlman

CLASS of '31
8 GIFTS — \$410
Average Gift \$51.25

Harry I. Berman
Donald B. Grove
Rachel K. Gundry
Joseph W. Harris
Samuel M. Jacobson
Harry S. Shelley
Marvin L. Slate
Solomon Smith

CLASS of '32
15 GIFTS — \$805
Average Gift \$53.67

Mortimer D. Abrashkin
Nathan Bercovitz
Samuel D. Blum
D. A. Gershenson
Solomon F. Gittleman
H. B. Handler
Harry C. Hull
Abraham N. Kaplan
W. Owen McMillan
John D. Moones
David I. Schwartz
Sidney L. Siegel
Aaron C. Sollod
Arthur J. Statman
Carl A. Wirts

CLASS of '33
8 GIFTS — \$740
Average Gift \$92.50

Victor Drucker
Meyer G. Etkind
Ralph B. Garrison
James S. Gorrell
Myron L. Kenler
George F. Peer
Maurice E. Schneiman
Mark Thumin

CLASS of '34
17 GIFTS — \$1,555
Average Gift \$91.47

Edgar T. Campbell
Vashti B. Coates
Lawrence I. Cohen
George F. Dorman
John C. Dunbar
Leon H. Feldman
Sidney Gelman
Herbert Goldstone
Murray J. Hanigberg
W. L. Howard
William Knoll
Reuben Leass
Helen I. Maginnis
M. Paul Mains
Richard R. Mirow
Dorothy G. Sproul
Isadore Tuerk

THE CLASS RECORD

CLASS of '35
24 GIFTS — \$6,075
Average Gift \$253.13

Milton H Adelman
 John W Albrittain
 Melvin R Aungst
 Ernest I Cornbrooks
 Edward F Cotter
 Philip J Galitz
 Lewis C Herold
 Walter Lichtenberg
 Saul Lieb
 Joseph J Luby
 Howard B Mays
 D J McHenry
 Karl F Mech, Sr
 Lawrence H Mills
 Philip Owen
 Anthony J Pepe
 Harry M Robinson, Jr
 Milton I Robinson
 Sol Rosen
 Harold W Rosenberg
 Benjamin M Stein
 Joseph Tuby
 John Mac Warren
 Norman J Wilson

CLASS of '36
20 GIFTS — \$1,705
Average Gift \$85.25

Milton Bernstein
 Harry C Bowie
 Harold H Burns
 Darius M Dixon
 Jerome Feldman
 Harry S Gimbel
 Philip O Gregory
 William Greifinger
 C Henry Jones
 Walter E Karfgen
 Howard T Knobloch
 Raymond J Lipin
 Grant Lund
 W Kenneth Mansfield
 James Patrick Moran
 Thomas A Nestor
 Morris J Nicholson
 Salvadore D Pentecost
 Nathan Wopf
 Joseph G Zimring

CLASS of '37
39 GIFTS — \$3,775
Average Gift \$96.79

Stanley A Bank
 Emanuel Ellison
 James Frenkil
 I Phillips Frohman
 J L Gillespie
 Frank Greenwald
 Grover C Hedrick, Jr
 Benjamin Highstein
 William C Humphries

D Frank Kaltreider
 Isadore Kaplan
 Jack A Kaplan
 Irvin P Klemkowski
 Lester N Kolman
 Louis Woron Leskin
 Elmer C Linhardt
 Ephraim T Lisansky
 William B Long
 Stephen C Mackowiak
 Frank V Manieri
 S Edwin Muller
 Philip Myers
 Richard S Owens
 Isidore E Pass
 Lawrence Perlman
 Pasquale Piccolo
 Elton Resnick
 Isadore M Robins
 Martin H Robinson
 Ephraim Roseman
 Sidney Satran
 John Paul Sakowski
 Joshua Seidel
 Albert Shapiro
 Morton M Spielman
 Manuel Staben
 Bernhardt J Statman
 Albert Steiner
 F Dixon Whitworth

CLASS of '38
39 GIFTS — \$9,303
Average Gift \$238.54

Willard Applefeld
 Max Baum
 Melvin N Borden
 Stanley E Bradley
 Manuel Brown
 John J Bunting
 Hilliard Cohen
 Jaime Costos-Duriez
 William A Dodd
 Arnold H Eichert
 Aaron Feder
 Louis C Gareis
 Joseph M George, Jr
 Milton Ginsberg
 Edward L Glassman
 Florence H Gottdiener
 Frederick L Graff
 William L Guyton, Jr
 William R Lumpkin
 Ernest Michaelson
 James H Miniszek
 Paul W Roman
 Henry Rothkopf
 A M Sarajan
 Sidney Scherlis
 John M Scott
 Charles V Sevcik
 David J Silberman
 Donald Silverman
 Emanuel Sprei
 Aaron Stein

Morris W Steinberg
 Adam G Swiss
 Bernard O Thomas, Jr
 James V Thompson
 Frederick J Vollmer
 Theodore E Woodward
 Michael Wulwick
 Kennard Yaffe

CLASS of '39
18 GIFTS — \$1,785
Average Gift \$99.17

Herman H Baylus
 Max R Bloom
 Edward J Brezinski
 Elizabeth B Cannon
 Sylvan D Goldberg
 Samuel I Haimowitz
 Leonard L Heimoff
 R Donald Jandorf
 Bernard S Kleiman
 Herbert Lapinsky
 William J McCafferty
 John A Moran
 Charles Hunter Moricle
 Walter J Pijanowski
 Edwin R Ruzicka
 Isadore Scher
 William J Steger
 L B Stevens

CLASS of '40
26 GIFTS — \$1,950
Average Gift \$75

John C Baier
 Walter L Bailey
 Edmund Beacham
 Jesse N Borden
 Lester Caplan
 Edwin O Daeue
 William C Duffy
 Irving Glick
 Walter R Graham
 Daniel Hope, Jr
 Benjamin H Inloes, Jr
 James R Karns
 Clarence W Martin
 Alfred R Maryanov
 Joseph Miceli
 G Roger Myers
 Ross Z Pierpont
 Leonard Posner
 Donald J Roop
 William J Supik
 Louis H Tankin
 A Frank Thompson, Jr
 Samuel V Tompakov
 Wilford H Townshend, Jr
 William Trevor
 William I Wolft

THE CLASS RECORD

CLASS of '43D
32 GIFTS — \$3,710
Average Gift \$115.93

CLASS of '41
17 GIFTS — \$1,040
Average Gift \$61.18

W. Ross Bundick
Irvin H. Cohen
D. P. Cruikshank, III
Edward L. Frey, Jr.
Julius Gelber
Kenneth Krulevitz
Franklin Leslie
Jacob B. Mandel
Jose G. Molinari
Walter J. Revell
Christian F. Richter
Robert B. Sasscer
Pearl T. Scholz
Edward P. Shannon
Raymond K. Thompson
James H. Walker
John D. Young

CLASS of '42
33 GIFTS — \$4,455
Average Gift \$135.00

Ruth W. Baldwin
Lillian F. Bennett
Frederick B. Brandt
Henry T. Brobst
F. Ellsworth Cook, Jr.
William N. Corpening
Alfred H. Dann
Hamilton P. Dorman
Daniel Ehrlich
Augustus H. Five, Jr.
I.I. Galitz
Richard M. Garrett
Albert Grant
J. Roy Guyther
John Haught
C. Hal Ingram
Dan F. Keeney
Allen Kleiman
C. V. Latimer, Jr.
Robert B. McFadden
Jack C. Morgan
Alfred Nelson
F. Floyd Nesbitt
John C. Ozazowski
John M. Palese
Clift Ratliff, Jr.
John M. Recht
Arthur M. Rinehart
E. Mason Sones, Jr.
Talmadge S. Thompson
Dharma Luz Vargas
David Reid Will
Paul R. Ziegler

CLASS of '44
34 GIFTS — \$3,680
Average Gift \$108.24

J. A. Alvarez de Choudens
John M. Bloxom, III
Charles E. Brady
Frank J. Brady
Richard J. Brown
Charles D. Chaput
Herbert B. Copeland
W. Carl Ebeling, III
Wilbur H. Foard
William W. Guthrie
Richard C. Hayden
Philip H. Lerman
Stuart C. Levine
Abraham Lubenteld
Donald W. Mintzer
William Osborne
Carl N. Patterson
Champe Clark Pool
Marjorie K. Pool
Michael R. Ramundo
F. Burl Randolph
Eugene I. Riley
Harry F. Roites
Edmond Scavone
Howard L. Seabright
Charles F. Shaw, Jr.
Walter K. Spelsberg
Stanley H. Steinberg
L. Bradford Thompson
Francis X. Tinker
Millard T. Traband, Jr.
John F. Ullsperger
Kenneth W. Wilkins
Stanley N. Yatte

CLASS of '43M
24 GIFTS — \$6,775
Average Gift \$282.29

William A. Ahroon, Sr.
Earl R. Baldwin, Jr.
Van B. Bennett
Francis D. T. Bowen
Frank Conclus
Warren Crane
Thomas F. Davies
J. Howard Franz
Marion Friedman
Jose R. Fuertes
Joseph C. Furnary
Jewett Goldsmith
Robert C. Irwin
H. Fred Johnson
Theodore Kardash
Louis Manganiello
Frank S. Marino
James N. McCosh
Mildred G. McDonald
Robert O. McDonald
Malcolm T. McGoogan
Edgar A. Miller, Jr.
Caesar F. Orofino
Otto C. Phillips
John D. Rosin
Wallace H. Sadowsky
Isadore Shorofsky
William J. Senter
Louis Shuman
Joseph Wallace, Jr.
Charles H. Williams
Edwin A. Zeppl
Troy M. Zimmerman

CLASS of '45
38 GIFTS — \$15,030
Average Gift \$395.53

Alberto Adam
Ramon J. Almodovar
Emory F. Baker
Thomas J. Brennan
James Mackay Brown
Samuel L. French
Anthony R. Giglio, Jr.
Raymond Goldberg
William B. Hagan
Robert C. Livingstone
Paul G. Lukats
Joseph C. Matchar
Robert V. Minervini
Charles A. Nett
Henry B. Perry, Jr.
Preston H. Peterson
Josephine Renshaw
Earl L. Rover
Richard S. Rude
John W. Sigler
Edwin H. Stewart, Jr.
Howard W. Ster
Irving F. Taylor
Frank O. Warren, Jr.

Joseph W. Baggett
David H. Barker
David E. Bell, Jr.
Benjamin Berdann
Joseph H. Brannen
William K. Brendle
Charles E. Butler
Oscar B. Camp
Mary Dorcas Clark
Eugene H. Conner
John M. Dennis
Vincent deP. Fitzpatrick
William L. Foster
William S. Frank
Joseph B. Ganey
Helen E. Greenleaf
Daniel O. Hammond
Howard Haynes
John F. Hennessy
Stanley F. Herrick, Jr.
William A. Holbrook
Alexander P. Kelly, Jr.
Leonard Kurland
Daniel B. Lemens

THE CLASS RECORD

Henry F Maguire
 James R McNinch
 Paul R Myers
 Allen J O'Neill
 Malcolm D Phillips
 Alice H Robinson
 William H Robinson
 James H Shell, Jr
 Anthony F Stedem, Jr
 Stanley R Steinbach
 Winston L Summerlin
 John J Tansey
 Allan E Trevaskis
 Arthur F Woodward

CLASS of '46
22 GIFTS — \$2,737
Average Gift \$124.41

William J Bannen
 Robert E Bauer
 A D Bonifant
 Robert R Brown
 Louise P Buckner
 Sidney Clyman
 Thomas B Connor
 Richard J Cross
 Joseph D'Antonio
 Guy K Driggs
 Paul E Frye
 Samuel D Gaby
 William D Gentry
 Nathan B Hyman
 E R Jennings
 Robert E May
 C E McWilliams, Jr
 John A Mitchell
 Jerome D Nataro
 James A Roberts
 Leon Toby
 Irl Wentz

CLASS of '47
10 GIFTS — \$1,550
Average Gift \$155

Joseph W Blevins
 William J Corzine, Jr
 Joel C Fink
 B Robert Giangrandi
 Calvin B Hearne
 Bernard Leung
 Norman Levin
 Elden H Pertz
 Eugene P Salvati
 Joseph Shear

CLASS '48
29 GIFTS — \$2,685
Average Gift \$92.59

Andrew Alecce
 Joseph Louis Aponte
 Frank W Baker, Jr
 Eugene L Bronstein
 John B Bullock

Alice G Chelton
 Harold J Crecraft
 Robert E Ensor
 Bowie L Grant
 George V Hamrick
 Frederick J Heldrich
 Raymond H Kaufman
 Katherine V Kemp
 Burton V Matthews
 Donald I Mohler
 G Donald Niswander
 J Jay Platt
 Albert M Powell, Jr
 Jimmie L Rhyne
 William G Sanford
 Merle S Scherr
 Benson C Schwartz
 John R Shell
 T C Siwinski
 Kyle Y Swisher, Jr
 Norman Tarr
 Clark Whitehorn
 John D Wilson
 William S Womack

CLASS of '49
18 GIFTS — \$2,515
Average Gift \$139.72

Robert A Abraham
 Joseph W Belkin
 William P Benjamin
 Angelina Guido
 Thomas E Lewis
 Burton V Lock
 Sara F Mann
 Charles F McCord
 Edmund B Middleton
 Gilbert L Nicklas
 Robert R Pittman
 Howard F Raskin
 Robert R Rosen
 Albert B Sarewitz
 Nathan Schnaper
 Margaret L Sherrard
 John F Strahan
 Russell M Tilley, Jr

CLASS of '50
42 GIFTS — \$6,035
Average Gift \$143.69

William A Andersen
 John L Bacon
 Wilbur N Baumann
 Harry H Bleeker, Jr
 Raymond Bradshaw, Jr
 Joseph B Bronushas
 Fred J Burkey
 L Guy Chelton
 Jerome J Collier
 Leonard L Deitz

Frederick T Edmunds
 James P Gallaher
 John A Googins
 Cornelius Van Goor
 Leonard G Hamberry
 John C Healy
 Stanley W Henson, Jr
 Philip W Heuman
 Grace Hofsteter
 Virginia Hutter
 John C Hyle
 Maxwell Ibsen
 Frank T Kasik, Jr
 Thomas F Lewis
 Robert E Miller
 Hunter S Neal
 Julio T Noguera
 Evangeline M Poling
 Louis F Reynaud
 V M Reynaud
 Paul F Richardson
 Milton R Righetti
 O Ralph Roth
 Norman E Rudy
 M Sherrand
 Frederic R Simmons
 Henry H Startzman, Jr
 Robert T Thibadeau
 Albert L Upton
 Ernest S Wolf
 Harnet H Wooten

CLASS of '51
27 GIFTS — \$2,025
Average Gift \$75

Earl M Beardsley
 Author K Bell
 John V Brannon
 Russell L Christopher
 Raymond L Clemmens
 Charles K Ferguson
 Mario R Garcia-Palmieri
 Francis Sidney Gardner, Jr
 Frederick J Hatem
 Frederick M Johnson
 Willard F Kindt
 Harry E Knipp
 Richard T Mendez-Bryan
 Arthur Z Mutter
 Donald J Myers
 F Robert Perilla
 Henry D Perry, Jr
 Georgia Reynolds
 Marvin J Romhro
 Harry S Rowland, Jr
 Armando Saavedra
 Samuel Norman Sherry
 R Kennedy Skipton
 David Solomon
 John H Stone
 Robert J Venrose
 Robert D Weekley

THE CLASS RECORD

CLASS of '52
31 GIFTS — \$2,657
Average Gift \$85.71

Charles B. Adams, Jr.
 R. E. Ahlquist, Jr.
 George C. Alderman
 Raymond M. Atkins
 Daniel Bakal
 Stuart P. Culpepper
 Lee W. Elgin, Jr.
 Jack Fine
 Paul H. Gislason
 Luis F. Gonzalez
 David E. Graham
 C. E. Grayheat
 William B. Harris
 William I. Heimer
 Charles M. Holmes
 Irvin Hyatt
 Joseph A. Knell, Jr.
 Irving Kramer
 Morton M. Krieger
 Charles H. Lightbody
 J. Nelson McKay
 Benton B. Perry
 Jonas R. Rappeport
 Julian W. Reed
 Bella F. Schimmel
 Richard Sindler
 Aubrey C. Smoot
 Alvin A. Stambler
 Bryan P. Warren, Jr.
 Howard N. Weeks
 Donald A. Woltei

CLASS of '53
31 GIFTS — \$5,400
Average Gift \$174.19

Louis Croft Arp, Jr.
 Richard M. Baldwin
 James L. Banks, Jr.
 Grace A. Bastian
 George H. Beck
 Scott B. Berkley, Jr.
 Robert Berkow
 Samuel Blumenteld
 Joseph R. Bove
 George R. Brinkley
 Thomas J. Burkhart
 Walter H. Byrly
 Sylvan Friedman
 J. Patrick Gillette
 Kenneth C. Henson
 Thomas F. Herbert
 G. O. Himmelwright
 Werner F. Kaese
 H. M. Langrall, Jr.
 Benjamin Lee
 Gordon E. Madge
 Weems A. McFadden
 John W. Metcalf, Jr.
 George H. Miller
 Norman L. Miller
 James R. Powder
 James E. Rowe, Jr.
 Joseph F. Shuman
 Robert T. Singleton
 William P. Templeton
 Israel H. Weiner

CLASS of '54
67 GIFTS — \$13,620
Average Gift \$203.28

Samuel J. Abrams
 Arthur Baitch
 George M. Bauernschub
 Anthony A. Bernardo
 Edwin H. T. Besson
 Stuart M. Brown
 Allen C. Bullock, Jr.
 William F. Doran
 Arthur G. Edwards
 Morton J. Flin
 Theodore E. Evans
 Charles T. Fitch
 O. Norman Forrest
 Daniel H. Framm
 Malcolm E. Freed
 George S. Fritz
 Richard L. Fruth
 Walter D. Gable
 John M. Gerwig, Jr.
 John E. Gessner
 Louis M. Glick
 Jean-Jacques Gunning
 Charles J. Hammer
 John F. Hartman
 James W. Hayes
 William M. Headley
 Robert C. Holcombe
 Edward W. Hopf
 Thomas E. Hunt
 Richard A. Jones
 Irvin B. Kaplan
 Raymond B. Keete
 Thomas E. Kiester
 Edward S. Klohr, Jr.
 Stanford A. Levine
 Herbert J. Levin
 Hilbert M. Levine
 David A. Levy
 Charles Mawhinney
 Irwin H. Moss
 John D. Murphy
 M. L. Natzinger
 Gerald F. Nangle
 Riva E. Novey
 Jean M. C. O'Connor
 David Owens
 Albert Pats
 Miguel Perez-Arzola
 Robert R. Roberts
 Milton Schlenoff
 Jerome L. Shapiro
 Bernard R. Shocket
 Marshall A. Simpson
 Jean C. B. Smith
 J. Walter Smyth
 Thomas J. Solon
 Thorleif L. Stangebye
 James H. Teeter
 Rufus Thames
 Ira N. Tublin
 George Wall
 Harold R. Weiss
 Daniel Welliver
 Kenneth H. White, Jr.
 Arthur V. Whittaker
 Robert F. Yum

CLASS of '55
48 GIFTS — \$8,660
Average Gift \$180.42

John G. Albrecht
 George K. Baer
 Robert M. Barnett
 Norman Blankman
 Donald C. Cameron
 Neal C. Capel
 Roderick F. Charles
 James M. Close
 Roger W. Cole
 Roger D. Cornell
 Mary Viola Daly
 Thomas F. Davis
 Donald H. Dembo
 Henry A. Diederichs
 Joseph C. Eshelman
 George H. Enskay
 John R. Gauld
 Vernon M. Gelhaus
 Julian R. Goldberg
 Marvin A. Goldiner
 Gary S. Goshorn
 Daniel B. Harris
 Henry Booth Higman
 Walter N. Hinmiller
 William Hollister, Jr.
 Paul C. Hudson
 James E. Hughes
 Alfred F. Iwantsch
 Walter F. James
 W. Peter Keefe
 Louis F. Kimmel, Jr.
 Jonas Cohen Kolker
 C. Ronald Koons
 Morton D. Kramer
 William F. Krome, Jr.
 Violet S. Kron
 John P. McGowan
 David B. McIntyre
 Albert L. Mooney
 Leonard Morse
 George L. Morningstar
 Frank Nataro
 Joan Roskin
 Albert M. Sax
 Clovis M. Snyder
 Alexander Spock
 F. Richard Walton
 Herbert L. Yousem

CLASS of '56
40 GIFTS — \$5,629
Average Gift \$140.73

George A. Abeshouse
 John F. Adams
 Richard Belgrad
 Jerald H. Bennion
 Morris F. Blue
 James A. Burwell
 Robert L. Byrne
 Ludwig J. Eglseder
 James T. Estes
 Richard G. Farmer
 Richard A. Finegold
 Graud V. Foster
 Edward D. Frohlich
 Alfred W. Grigoliet

THE CLASS RECORD

Neil C. Henderson
 Ralph T. Hummel
 Albert V. Kanner
 Paul W. Knowles
 H. Coleman Kramer
 Sheldon Kress
 Joseph G. Lanzi
 C. Patrick Laughlin
 Mathew H. M. Lee
 William T. Lloyd
 Herbert M. Marton
 Joseph S. McLaughlin
 Richard I. Myers
 Clark Lamont Osteen
 David A. Oursler
 William M. Palmer
 Richard L. Plumb
 Irvin P. Pollack
 G. Edward Reahl, Jr.
 Harold I. Rodman
 Harry P. Ross
 Gerald Schuster
 Roy O. Shaub
 Virginia T. Sherr
 Paul V. Slater
 John Z. Williams

CLASS of '57
41 GIFTS — \$14,900
Average Gift \$363.41

Emil E. Attandian
 Charles J. Allen
 Marvin S. Arons
 Bernard N. Bathon
 Selina G. Baumgardner
 James L. Beeby
 Virginia E. Blackridge
 Donald L. Bucy
 Harvey R. Butt, Jr.
 Ronald R. Cameron
 Joseph O. Dean
 Milton L. Engnoth
 Vincent J. Fiocco, Jr.
 Nicholas Garcia, III
 Donald W. Gauthier
 Anthony F. Hammond, Jr.
 Charles M. Henderson
 Harold J. Hettelman
 W. F. Holdreider
 Carl Jelenko, III
 Herbert L. Kronthal
 Donald T. Lansinger
 David P. Largey
 James P. Lester
 George A. Lentz, Jr.
 Frank J. Macek, Jr.
 Fred H. Mehlhop
 Frederick Moomau
 Paul A. Mullan
 Herbert H. Nasdor
 Theodore T. Niznik, Jr.
 Francisco E. Oliveras
 Frederick W. Plugge
 Louis L. Randall
 Morton W. Shapiro
 Walter M. Shaw
 William A. Simmons
 Kenneth F. Spence, Jr.
 L. Clarke Stout
 Ray A. Wilson
 Leonard Zullo

CLASS of '58
31 GIFTS — \$5,290
Average Gift \$170.65

John T. Alexander
 William G. Bartlett
 George R. Baumgardner
 Gerald E. Bloom
 Gaylord L. Clark
 Robert E. Cranley, Jr.
 Bruce N. Curtis
 Gilbert B. Cushner
 Raymond J. Donovan, Jr.
 Joanne W. Economon
 Harvey L. Friedlander
 Frank P. Greene
 Meredith S. Hale
 John S. Harshey
 William J. Hicken
 Richard H. Keller
 James M. Kelsh
 Frank K. Kutz, Jr.
 Howard S. Levin
 Robert C. Macon
 William J. Marshall, Jr.
 John J. Merendino
 Ernest E. Moore
 R. Wade Ortel
 Antonio Perez-Santiago
 James E. Taylor, Jr.
 Jerome Tilles
 James H. Tyer
 William T. Ward
 Adrian S. Weyn
 James B. Zimmerman

CLASS of '59
38 GIFTS — \$8,440
Average Gift \$222.11

Isadore G. Ances
 Gerson Asrael
 Anthony C. Broccoli
 John W. Coursey
 Joseph L. Darr
 S. I. DeMarco, III
 William J. R. Dunseath
 James P. Durkan
 William F. Falls
 Stanley Z. Felsenberg
 Charles B. Fletcher
 Karl M. Green
 Carlton I. Halle
 Robert Stewart Holt
 Roger Ingham
 James P. Jarboe
 Arthur R. Jason
 Arthur F. Jones, Jr.
 August D. King, Jr.
 Marvin M. Kirsh
 Donald R. Lewis
 Jack C. Lewis
 Ferdinand Mainolti
 Elmer S. McKay
 Jose Oscar Morales
 Joseph R. Otto
 Nicholas A. Pace
 Lawrence D. Pinkner
 Arthur Poffenbarger
 William E. Rhea
 Howard J. Ruhenstein

Gerard L. Russo
 C. Edmund Rybczynski
 Daniel S. Sax
 Stanley N. Snyder
 George S. Trotter
 Hans R. Wilhelmsen
 Robert H. Young, Jr.

CLASS of '60
43 GIFTS — \$7,445
Average Gift \$173.14

Aristides Alevizatos
 Lawrence F. Awalt
 John J. Bennett
 A. W. Bertuch
 Louis M. Damiano
 Straty H. Economon
 Michael J. Fellner
 Thomas N. Ferciot
 J. E. Figueroa-Lugo
 Alvin Glass
 I. William Grossman
 Wilson A. Heetner
 C. Earl Hill
 Lawrence F. Honick
 Herbert H. James
 James C. King
 Michael Leakan
 Philip M. Lamastra
 Richard C. Levy
 Walter C. Lesky
 Herbert A. Martello
 Paul D. Meyer
 John C. Morton
 Allen R. Myers
 Fortune Odenthal
 Selvin Passen
 Neil A. Robinson
 Clinton L. Rogers
 Jerome Ross
 Jerry Salan
 Robert P. Sarni
 Elijah Saunders
 Bernice Sigman
 E. H. Silverstein
 George I. Smith, Jr.
 Morton E. Smith
 Martha E. Stautter
 Nathan Stoffberg
 John R. Stram
 Michael S. Tenner
 Charles B. Volcjak
 Hubert R. White, Jr.
 James A. Yates
 Theodore Zanker

THE CLASS RECORD

CLASS of '61
42 GIFTS — \$6,945
Average Gift \$165.36

Andres Acosta-Otero
James R. Appleton
Neil R. Arbegast
Joseph W. Berkow
Carl F. Berner
Myron Barry Blum
Thomas G. Breslin
John N. Brownell, Jr.
Milton H. Buschman, Jr.
Ronald L. Cain
James J. Cerdá
Angela W. Clarke
John N. Diaconis
William H. Dudney
Bernadine C. Eaw
Robert A. Fink
William R. Fleming, Jr.
Leonard W. Glass
Jay S. Goodman
Samuel H. Henck
Gerald A. Hofkin
Richard G. Holz
Gerald Kempthorne
Ronald I. Krome
Alfred Kronthal
John P. Light
David E. Litrenta
Jerome J. Mahoney
James F. McCarter
Roger L. Mehl
Robert J. Myerburg
Walter E. Oster
Lawrence J. Pazourek
John A. Reeves
Earl F. Riter
David Rosen
Richard F. Schillaci
Wayne B. Tate
George E. Urban, Jr.
John I. Winnacker
Arthur Wolpert

CLASS of '62
32 GIFTS — \$3,045
Average Gift \$95.16

Raymond D. Bahr
Fred S. Baker
Joseph F. Baker
Robert B. Bokat
Bruce D. Broughton
Francis J. Burke
Jon B. Clossen
David C. Cramton
A. Leo Franklin
Herbert Gaither
Judith Jelenko
William T. Johnstone
Bernard S. Karpers, Jr.
Linda A. Klimes
Ronald I. Klimes
Edward J. Koenigsherg
Dennis F. Lebman
Lois H. Love
Edwin R. Luxenberg
Kenneth P. Malan
Peter F. Mastan

Thomas R. O'Rourke, Jr.
Donald David Pet
Phyllis K. Pullen
John A. Rupke
Alan H. Satou
George C. Schmieler
Howard A. Semer
W. Haddox Sothonor, Jr.
Richard R. Stephenson
Ralph E. Updike
W. B. Weglicki, Jr.

CLASS of '65
49 GIFTS — \$3,625
Average Gift \$73.98

Verner Albertsen
John H. Axley, Jr.
Brian J. Baldwin
Donald G. Benfield
Stanley L. Blum
Barbara J. Bourland
Harry J. Brown
William H. Choate
Larry C. Chong
Chester C. Collins, Jr.
Gary L. Ehrlich
George E. Engelke
P. Hudson Fesche
Allen A. Frey
Stanley Friedler
Ronald Goldner
Stan Goldsmith
William M. Gould, III
Robert L. Handwerger
David R. Harris
Frederick S. Herold
Terren M. Himeltarb
John C. Hisley
Edward S. Hoffman
Robert R. Holthaus
Calvin E. Jones, Jr.
Allen H. Judman
Galen H. Kistler
William E. Legat
Sanford L. Levin
Susan Howard Mather
John G. Mueller
Louis O. Olsen
Jeffrey E. Pailey
Michael J. Pelczar
Michael J. Reilly
A. B. Rosenstein
Henry A. Saiontz
William E. Signor, III
Larry A. Snyder
Hannah S. Solky
John M. Stetty
Harry C. Stein
Kristin Stueber
Elliot S. Tokar
Phillip P. Toskes
Philip J. Whelan
Robert N. Whitlock
William C. Wimmer

CLASS of '63
22 GIFTS — \$2,205
Average Gift \$100.22

Lee D. Brauer
David A. Braver
Harold Campbell
Njole B. Carozza
Stephen P. Cohen
Clifford L. Culp, Jr.
Robert F. Dinker
Melvin M. Friedman
Donald H. Gilden
George H. Greenstein
Alice Heisler-Hayes
Thomas V. Inglesby
William A. King
Michael L. Levin
Eric E. Lindstrom
Kenneth G. Magee
Barbara A. McLean
Norman B. Roland
Mitchell C. Sollod
Jose G. Valderas
Dewitt L. Weatherly
Edward C. Werner

CLASS of '64
19 GIFTS — \$1,840
Average Gift \$96.84

Sigmund A. Amitin
Larry Becker
Rima L. Brauer
Barry M. Cohen
Gustavo A. Colon
John J. Connroy
Frank M. Detorie
Salvatore R. Donohue
Robert E. Gingell
Matthew L. Kautman
Mark Krugman
D. V. Lindenstruth
Edgar V. McGinley
Joel S. Mindel
Samuel Muher
Richard M. Protzel
Jerome P. Reuchmister
Lawrence E. Solomon
Jonathan Tuerk

CLASS OF '66
56 GIFTS — \$6,043
Average Gift \$107.93

Leslie D. Abramowitz
Diane L. K. Acker
James E. Arnold
Jay M. Barrash
Arnold S. Blaustein
Walter M. Braunohler
Michael P. Buchness
Charles H. Classen
Hammond C. Collins

THE CLASS RECORD

David M Cook
 Henry S Crist
 Michael A Ellis
 William D Ertag
 Stuart L Fine
 Gary A Fleming
 Dwight N Fortier
 Joseph M France, Jr
 George E Galahorn
 S Bruce Gerber
 Augustin K Gombart
 Stephen F Gordon
 Louis E Grenzer
 Dean H Griffin
 Michael J Haney
 I Rivers Hanson, Jr
 William O Harrison
 Elizabeth C Hosick
 Franklin L Johnson
 Ronald H Koenig
 Elmer C Long, Jr
 Stephen Machiz
 Joseph B Marcus
 William J Marek
 William T Mason
 Jane C McCaffrey
 Allan J Monfried
 Barry E L Ominsky
 Carl J Orfuss
 Carolyn Pass
 Gary D Plotnick
 C Downey Price
 James A Quinlan, Jr
 Ernesto Rivera
 Alfred A Serritella
 Irvin M Sopher
 James W Spence
 John E Steers
 Jack I Stern
 Jeffrey S Stier
 Robert A Stram
 Richard M Susel
 Henry L Trattler
 Robert R Young
 Stuart H Yuspa
 Andrew A Zalewski
 James G Zimmerly

CLASS of '67
28 GIFTS — \$2,250
Average Gift \$80.36

Stephen M Adalman
 Joel B Alperstein
 Colvin C Carter
 Charles E Defelice
 Gilbert Dunitz
 Perry A Eagle
 Gordon H Earles
 Harris J Feldman
 Ira L Fetterhoff
 Henry Feuer
 Eric M Fine
 Martin I Freed
 John W Garies
 Joseph S Gimbel
 Arthur L Hughes
 John S Ignatowski
 Michael A Kaliner
 Eugene F Kester
 George A Lapes
 Gary M Lattin

Michael M Lee
 Boyd Myers
 Joseph C Orlando
 John F Rogers
 Robert A Sofferan
 John R Stephens
 Kenneth B Stern
 Lawrence M Tierney, Jr

CLASS OF '68
32 GIFTS — \$1,745
Average Gift \$54.53

Sheldon B Bearman
 Joel M Cherry
 Charles C Edwards
 Allen C Egloff
 Gerald B Feldman
 Kenneth E Fligsten
 Howard R Friedman
 Edwin C Fulton
 Raymond Gambrill, III
 William N Goldstein
 Gerald I Green
 Roger C Harris
 Douglas B Hess
 Stephen L Hooper
 George F Hyman
 George Knetely, Jr
 Charles J Lancelotta
 Barry A Lazarus
 Ronald M Legum
 Abraham A Litt
 Stanford H Malinow
 Stephen F Manekin
 Herbert E Mendelsohn
 Kathryn A Mikesell-Hornbein
 Bruce L Miller
 Bert F Morton
 M Riddlesberger
 David J Riley
 Charles S Samorodin
 Howard Semins
 Pedro Vergne-Marini
 Michael F Whitworth

CLASS of '69
20 GIFTS — \$1,065
Average Gift \$53.25

Mark M Appleteld
 Donald M Baldwin
 Roberta M Braun
 Howard S Caplan
 Paul Connors
 Barry J Crevey
 Howard A Davidson
 Richard Fisher
 Robert A Helsel
 William D Kaplan
 Felix Kaufman
 Wayne H Parris
 Robert W Phillips
 Edward F Quinn, III
 Ronald Schneider
 W Winslow Schrank
 David Shobin
 Kathryn Skitarelic
 Tracy Spencer, III
 Paul B Voelkel

CLASS of '70
20 GIFTS — \$1,095
Average Gift \$54.75

Will A Andersen
 Harry A Ardolino
 Alva S Baker, III
 Gary A Belaga
 Martin Braun, III
 Henry Briele
 Ralph Epstein
 Louis S Halikman
 Dennis J Hurwitz
 Michael Kilham
 Jerome Koeppel
 Richard J Kolker
 Bennett Lavenstein
 Charles B Marek, Jr
 James S Murphy
 Jay N Parran
 John H Poehlman
 Walker L Robinson
 Norman W Taylor
 Stanley Zaborowski

CLASS of '71
25 GIFTS — \$1,045
Average Gift \$41.80

Leslie A Barnett
 Peter W Beall
 Lawrence Blumberg
 Elliott S Bondi
 James C Bozzuto
 George H Brouillet, Jr
 Ronald P Byank
 Lucienne A Cahen
 Larry I Corman
 Terry P Detrich
 Michael V Edelstein
 Fredric B Flax
 Robert B Greifinger
 Ben T Ho
 Charles F Hobelmann, Jr
 Gwynne L Horwits
 Sherman Kahn
 Wallace M Kowalczyk
 William R Linthicum
 Jack S Lissauer
 Michael J Maloney
 David L McCann
 Arturo Q Santos
 Joann Clayton Santos
 Robert F Sharrock

CLASS of '72
46 GIFTS — \$4,091
Average Gift \$88.93

Barbara R Adler
 Jack J Applefeld
 William G Armiger
 Robert I Bauer
 James H Biddison
 John W Blotzer

THE CLASS RECORD

Deborah J. Brandshaft
 R. L. Christopher
 Casper E. Cline, III
 Carolyn A. Cowles
 Wayne L. Crowder
 Theodore H. Cryer
 Annie J. DiDonato
 Walter H. Dorman
 Robert F. Draper
 Michael L. Galembuski
 Darryl J. Garfinkel
 Sumner H. Goodman
 Roger L. Gordon
 Norman W. Haines, Jr.
 Nelson H. Hendler
 Michael B. Isikoff
 Sharon K. Isikoff
 Deborah B. Matto
 Gregory A. Mitchell
 Stanley A. Morrison
 Thomas E. Murphy, Jr.
 John A. Nizioł
 John M. O'Day
 Michael R. Petriella
 Newton W. Rogers
 Charles J. Schleupner
 Philip J. Schroeder
 Joseph S. Shapiro
 H. Hershey Solod
 Thomas J. Toner
 Peter D. Vash
 Dean L. Vassar
 Joseph W. Viola
 Gerald P. Waldman
 Glynn M. Wells
 Thomas V. Whitten
 Brian J. Winter
 Barry M. Wolk
 Celeste L. Woodward

CLASS of '73
37 GIFTS — \$2,013
Average Gift \$54.40

David J. Allender
 Stanley C. Beachy
 Jeffrey C. Blum
 Martin L. Brown
 Joseph Cirotta
 Walter Edwin Conner
 Edwin Deitch
 Michael Dodd
 Steven Dolinsky
 Edward M. Eisenbrey
 William Gaver
 David Goldscher
 Lee Goodman
 Daniel Hardesty
 Louis E. Harmon, III
 Joseph Jentz
 Murray Kalish
 Erich Kim
 Barnett Kramer
 Stephen K. Lemon
 Jeffrey S. Lohel
 Martin Magram
 Thomas Mansfield
 Harriet Meier
 Clarence S. Miller

Bernard Milton
 Margaret Rennels
 Howard I. Saiontz
 Ronald A. Seft
 Ronald Sher
 Gerald Sterner
 Ronald I. Taylor
 Thomas S. Templeton
 Harold Tucker
 Roberta Tucker
 Richard Weisman
 Douglas B. Woodruff

CLASS of '74
11 GIFTS — \$935
Average Gift \$85

Charles P. Adamo
 Jeffrey P. Block
 Barbara A. Cochran
 Leroy J. Huffman
 Charles M. Jaffe
 Howard B. Lanham
 James J. McMillen
 Dennis A. Niner
 Richard B. Rosher
 Aaron F. Ruderman
 Stephen N. Xenakis

CLASS of '75
15 GIFTS — \$520
Average Gift \$34.67

John F. Biedlingmaier
 Howard H. Bond
 Noel M. Chiantella
 L. Thomas Divilio
 Darvin L. Hege
 Charles F. Hoesch
 Kenneth V. Iserson
 Thomas F. Krajewski
 Dennis J. Kutzter
 Frank E. Long
 Edward M. Miller
 Robert E. Roby
 Andrew B. Rudo
 Linda R. Sessions
 James H. Somerville

CLASS of '76
13 GIFTS — \$390
Average Gift \$30

Damian E. Birchess
 R. Blair Garber
 Gurudarshan S. Khalsa
 James S. Novak
 Gary P. Posner
 Cheryl Sigel
 Jay B. Sigel
 Bruce A. Silver
 Ronald I. Sweret
 Richard E. Timmons
 Pamela A. Wilson
 Benjamin K. Yortkoff
 Arno L. Zaritsky

CLASS of '77
10 GIFTS — \$5,700
Average Gift \$570

Marc S. Bresler
 Elwood A. Cobey
 Alan S. Davis
 Richard J. Feldman
 Donna L. Frankel
 Eric C. Frankel
 Sheldon Lerman
 Douglas N. Stein
 Michelle D. Uhl
 Bennett E. Werner

CLASS of '78
7 GIFTS — \$125
Average Gift \$17.86

Douglas F. Bowman, Jr.
 Michael J. Ichnowski
 Douglas L. Kozlowski
 Jeffrey G. Middleton
 Susan Miller Paulson
 Michael H. Sandler
 Frank O. Warren, III

CLASS of '79
1 GIFT — \$10

Elizabeth Iso

**FACULTY, NON-GRADUATES
 AND STAFF**
26 GIFTS — \$3,972
Average Gift \$152.77

Ali H. Atroekteh
 Sheldon Amsel
 John L. Atkins
 George N. Austin
 Frederick J. Balsam
 Steven J. Borsanyi
 J. Edmund Bradley
 Joseph W. Burnett
 Francine D. Camitta Butler
 Cornelia P. Channing
 John D. Eckholdt
 Julio H. Garcia
 Jean D. Coral
 Lloyd Guth
 W. Ray Hepner
 John C. Krantz, Jr.
 Prasanna Nair
 Robert L. Parker
 George M. Ramapuran
 Peter Rasmussen
 Isadore A. Siegel
 David G. Simpson
 Chawalit Sudhimonanda
 William D. Tigertt
 Dennis Wentz
 Stanford M. Goldman

PRESIDENT'S MESSAGE

Raymond J. Donovan, Jr., M.D.

In my first message to you as your President, I feel it is appropriate to share with you some observations about the Medical Alumni Association.

Your Alumni Association is healthy! It is the only alumni association on the Baltimore campus that functions autonomously. The other associations are generally appendages of the respective deans' offices.

We also can be proud of the fact that our association has the highest percentage of dues-paying members. For fiscal year 1979, the total number of members was 2367, which represents 50 percent of our graduates. Although the percentage is commendable, it should be better, and I hope will be.

The reason dues are so important is that they represent the only source of income to run the Association and fund its activities. There is a separate and distinct budget for fund raising, and funds from the Phonothon and other such activities are dedicated as contributions to the Medical School and have never supported association activities.

Another caveat that bears repeating is that membership in Alumni International, which is a University-wide organization, does not confer membership in the Medical Alumni Association. Although not deliberately competitive with other development activities, your board believes that this association owes its primary allegiance to the medical school and its graduates.

Therefore, although percentage of membership is good, I would suggest that we strive to make it better; 100 percent seems to be a reasonable goal!

As we go to press, the annual Phonothon is still going strong. Our goal this year is to personally contact every graduate. We have found that, from classes where there were sufficient volunteers to make calls to the class members, response has been excellent. Consequently, in those classes with a dearth of volunteer callers, the number actually contacted was low and contributions proportionately low.

Bill Dunseath, whose name has become synonymous with the Phonothon as its chairman since its conception in 1977, has voluntarily retired. His contribution to this and many other association activities has been enormous. I thank him greatly both personally and on behalf of the entire membership.

We are most fortunate this year to have a father/son team to lead association fund raising activities. Karl Mech, Sr. '35, has graciously agreed to serve as National Chairman. A gentleman, whom most of us have known during his dedicated service to the Departments of Anatomy and Surgery, will find time in his hectic schedule to serve the association in this role. Karl Mech, Jr., '68, is our Phonothon Chairman. Although more cranially hirsute than his dad, he bears a striking resemblance to him in his willingness to contribute the time and effort necessary to make this year's Phonothon the most successful yet.

In the past, contributions have been given principally as unspecified gifts. That is, the donor does not indicate a specific fund or activity for which the donation must be dedicated. These funds subsequently have been contributed to the Medical School by the Alumni Association, with the advice and consultation of the Dean. The advantage of an unspecified donation is that it can be pooled with others and used where most timely and where most needed by the Dean.

However, we are also most grateful to receive contributions that are restricted. For example, the association has been restoring Davidge Hall since 1969. It is progressing well, under the chairmanship of George Yeager '29, but funds are still needed. Therefore, I would like you to feel comfortable in pledging your contribution to any specific fund or department when contacted by your classmate.

I feel strongly about our obligation as alumni to foster the continued growth of the School of Medicine. I trust the majority of you feel similarly and will respond generously when contacted between November 10-21.

105th Medical Alumni REUNION

Some 200 alumni, traveling from far and near, registered from the classes of "5's" and "0's" to attend the annual reunion of the School of Medicine.

The Medical Alumni cocktail party at the Medical School Teaching Facility on Tuesday, May 27, was the meeting spot for classes who then went on to spectacular private functions planned by local classmates.



The reunion began with cocktails and hors d'oeuvres



receiving lines

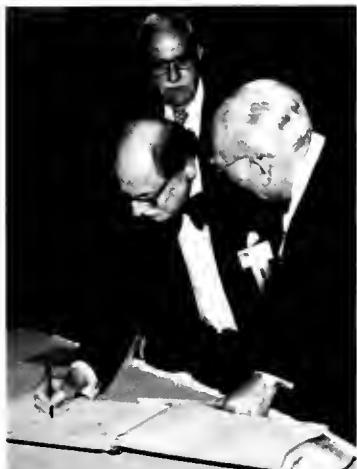


last minute arrangements

posing for class pictures

Activities on Wednesday morning, May 28, began with a complimentary breakfast, greetings by Dr. Albin O. Kuhn, Chancellor, Dean John M. Dennis, and the Association's President, Dr. Virginia Huffer, followed by presentation of certificates to members of the class of 1955 celebrating their 25th anniversary.

The agenda of the business meeting included the election of officers and members of the Board of Directors, as well as three members to serve on the Nominating Committee.



...and registrations



then congratulations



and awards



with the emeritus alumni getting younger every year



with three generations of Nataros represented

President-elect	Bernard S. Karpers, Jr.	'62
Vice Presidents	Joseph W. Cavallaro	'55
	Arlie R. Mansberger, Jr.	'47
	Frederick W. Plugge	'57
Treasurer	Ronald J. Taylor	'73
Secretary	D. Frank Kaltreider	'37
Board Members	Charles M. Henderson	'57
	(Three-year term) J. Walter Smyth	'54
	August D. King, Jr.	'59
Board Member	Bernard S. Kleiman	'39
	(Two-year term) (To fill unexpired term of	
	Ronald J. Taylor)	
Nominating Committee	Bernard S. Kleiman	'39
	Ross Z. Pierpont	'40
	James R. Karns	'40



Dedication of the
John Beale Davidge Alliance plaque
and luncheon in the atrium
of the Medical School Teaching
Facility followed
adjournment of the meeting



On Wednesday afternoon, programs were scheduled for the members of the University of Maryland Surgical Society and the University of Maryland Hospital Medical Association entitled "Emergency Medicine Update: Services and Advances in the Treatment of the Shock-Trauma Patient."

Wednesday evening's program (with 600 alumni and guests in attendance) began with a reception at the Hunt Valley Inn, then the procession of the 50-year class escorted by members of the Board of Directors and Past Presidents, dinner, presentation of the Honor Award and 50-year certificates, remarks by Dr. Aaron Feder, recipient of the Honor Award, and Michael Pratt, President of the graduating class. After the close of the program, some of the liveliest dancers on the crowded floor were members of the Class of 1930.

Alumni Day 1980 was summed up by an alumnus who traveled across the country to attend his 25th reunion by saying, "I was overwhelmed with the alumni program and the growth and progress on campus. I wouldn't have missed it for anything."

If you have suggestions or comments regarding the past reunion, or that being planned for May 27 and 28, 1981, please let me hear from you.

Jean D. Goral



outgoing officers



and presidents



incoming guests of honor



golden anniversary class of 1930 honored at banquet



G. Overton Himmelwright with daughter, Naomi and son-in-law,
William Lamm '80



Seated: Henry Startzman, Jr., Milton Righetti and Paul Richardson, with
their wives, all class of '50. Standing: Lyn Mulgrew, Henry Startzman III '80,
Marilyn, Michael '80 and Leslie Righetti, Melissa B. Rodie and James
Richardson '80

The BULLETIN
congratulates
them!



Evelyn and Joseph Matchar '44 with son David '80 and Barbara



Katherine and Norman Miller '53 and son Steven '80 and Cindy



Gertrude and Abraham Kaplan '32 with son, Lawrence '80 and Bonnie



Guy Driggs '46 with wife and son, Darryl '80



Esther and Robert Rudolph Sr. '48 pose with son Robert '80



James King '60 and Mrs. King with son, James '80 and daughter-in-law



Raymond Lipin '36 with son, Thomas '80 and Miss Lawrence



Eli Galitz '43D and Mrs. Galitz with son, Richard '80

More Reunion



The Lapinsky family celebrates the graduation of their son, Peter, in the class of 1980





Aaron Feder Receives Honor Award

The Medical Alumni Association Honor Award and Gold Key is presented annually to an alumnus who has become distinguished by "outstanding contributions to medicine and distinguished service to mankind." Deserving of such an award was 1980's recipient, Aaron Feder '38, who received the honor at the annual alumni banquet on May 28, 1980.

Dr. Feder practices internal medicine in Jackson Heights, New York. He completed his undergraduate studies at New York University in 1934 and was exchange scholar in medicine at Harvard University in 1937. He served in the United States Army Medical Corps from 1942 to 1946, attaining the rank of Major, and was attached to the 60th General Hospital in New Guinea and the Philippine Islands. Returning to private practice, he was certified by the American Board of Internal Medicine in 1947.

Dr. Feder is clinical professor of medicine at Cornell University Medical School and attending physician at New York Hospital, Hillside Hospital Medical Center and Long Island Jewish Hospital where he is also a

member of the medical board. He is consulting physician at Booth Memorial, Northshore University, Long Beach Memorial and LaGuardia Hospitals and visiting physician and member of the medical board at Bellevue Hospital.

He has published medical papers on various topics and has served as a consultant to National Institutes of Health, the New York City Department of Health and Police Department. An honorary fellow of the Cornell University Medical College Alumni Association, he is a member of numerous professional organizations.

Dr. Feder was joined for the occasion by his wife, Beatrice, and daughters, Jane Dellsy and Carol Cohan, and son-in-law, Elliott Cohan. Dr. Feder's sister and brother-in-law, Mollie and Sidney Hodes, were also present as well as former classmates, Edward Siegel, Aaron Stein and Celeste and Theodore Woodward.

In reminiscing about the occasion, Dr. Feder stated, "I was deeply moved by the entire experience and it is one that shall long remain in my memory."



Alumni Association Honors Class of 1930

Once upon a time they came...

They came from Connecticut, West Virginia, California, Pennsylvania, New York, North Carolina, Florida, New Jersey and Puerto Rico. They came 25 strong to celebrate the 50th anniversary of that memorable day in June 1930 when 87 of them walked away from this campus with a degree in medicine. They came with spouses and guests swelling the total number of celebrants to 42.

Two days of festivities began with a reception hosted by Dean John M. Dennis and later a five-course dinner at the Engineers Club. After dinner Kenneth Bedford, class president, conducted a testimonial reminiscent of medical school days and was followed, in turn, by his classmates recalling their personal school-days experiences. On a tour of the new Medical School Teaching Facility, the group was particularly impressed with the exciting, new methods of teaching — a marked contrast to those utilized in the 30's. Following lunch a flight to the "Top of the World", located on the 27th floor of the new World Trade Center Baltimore, where Ro Johnson guided them through the various historical exhibits and the 15-mile panoramic view of the city. A bus tour of the new inner harbor area included the recently completed Baltimore Convention Center and Fort McHenry, birthplace of the *Star Spangled Banner*.

The annual alumni banquet concluded the two days of reunion festivities where, as guests of honor, they were recognized for their many years of dedication and service to mankind. As they mounted the platform to receive congratulations, the group was cited as being the "most agile" golden anniversary

class ever and, as they departed, agreed to "do it again in '85" a sentiment which demonstrates the enthusiasm exhibited throughout the festivities.

In tribute to these 50-year celebrants, the BULLETIN reprints their biographical sketches and offers congratulations to them on their newly acquired emeritus status.

Milton R. Arons is retired from E.E.N.T. and enjoys spectator sports, traveling, and golf. He resides in West Hartford, Connecticut, with his wife, Rose; they have one son, Daniel, a physician.

George M. Baumgardner, retired from family medicine since 1975, does volunteer work. Residing with his wife, Mary, in Harpers Ferry, West Virginia, he enjoys fishing, gardening, and photography. The Baumgardners have one son, John.

Meyer M. Baylus active in E.E.N.T., has Maryland and Florida licenses in medicine, and a Maryland license in pharmacy. He and his wife, Louise, reside in Baltimore and have two children, Barbara and Marilyn.

William Belinkin is currently practicing family medicine in Los Angeles, California, where he resides with his wife, Hilda. They have one daughter, Myra.

Kenneth L. Benfer is semi-retired from internal medicine and cardiology. He and his wife, Janet, reside in York, Pennsylvania. Dr. Benfer recently returned from a tour of China and the South Seas, and cites traveling, lecturing and writing as his hobbies.

Rudolph Berke, temporarily retired from internal medicine, tentatively plans to resume practice in California. Widowed in 1978, Dr. Berke presently resides in New York City and has three children. He pursues the clarinet, acting, and studying the arts.

Merle D. Bonner retired in 1978 from practice in allergies and diseases of the chest. Home is Greensboro, North Carolina, where he enjoys hunting.

Lester T. Chance, retired in 1969, now resides in Troutville, Virginia.

Clay E. Durrett, retired in 1969 from family medicine and anesthesia, has administered 18,500 anesthetics throughout his career. He resides in Cumberland, Maryland, and enjoys hunting and gardening.

Charles J. Farinacci is semi-retired from pathology and has twenty-one publications to his credit. He and his wife, Eva, reside in San Antonio, Texas, where he pursues golf as his major hobby. The Farinaccis have three children, Nicholas, Evelyn, and George.

Wylie M. Faw, Jr., an inactive colonel of the United States Army Medical Corps, is retired from surgery. He resides in Stuart, Florida, with his wife, Phyllis, and children, Wylie and Laird. Boating, swimming, and golf are Dr Faws' major hobbies.

Vincent J. Fiocco, Sr. practiced pediatrics and family medicine in Greenwich Village for forty-two years and now resides Rye, New York. Dr Fiocco has two children, Vincent, a physician, and Jane, a nurse. His favorite hobby is traveling.

Samuel Fisher, retired, is a voluntary physician who lectures to medical and lay groups. He resides in Fort Lauderdale, Florida, with his wife, Bertha, and his main recreation is swimming. The Fishers have two children, Rona and Yale, a physician.

Abraham Garfinkel, retired from family medicine, states, "I always tasting medications one day tasted a powder nearly lost my life to cyanide." He and his wife, Mabel, reside in Miami, Florida, and have one child, Harriette. Golf is his main hobby.

Harry E. Gerner is currently practicing pediatrics in Jersey City, New Jersey, where he resides with his wife, Lillian; they have one child, Mark. His favorites are reading, bridge, golf, and travel.

Leon Ginsberg, a psychiatrist on a consultation-only basis, resides in Upper Montclair, New Jersey, with his wife, Matilda. He collects antiques and does cabinet work. The Ginsbergs have two children, Leonore and Sheila.

Lester M. Goldman is currently practicing clinical pathology and hematology. He and his wife, Syd, reside in South Orange, New Jersey; have two children, a son, Andrew, and a daughter, Marilyn. Dr Goldman is an ardent violinist.

Julius H. Goodman, is active in family medicine in Baltimore, where he and his wife, Mary, reside. The Goodmans have one son, Jay, a physician. In his spare time Dr Goodman pursues golf and bridge.

John H. Hornbaker, currently active in internal medicine and cardiology, resides in Hagerstown, Maryland, with his wife, Elizabeth, they have a son, John, a physician. Dr Hornbaker has three publications to his credit.

Marshall V. Jackson retired from family medicine in 1971. He resides in Princeton, North Carolina, with his wife, Ruth; they have one child, Marvin. Dr Jackson's main source of enjoyment is reading.

Marius P. Johnson, retired from gynecology, states, "A gynecologist is a doctor of those things of which he hasn't any, which makes him observant, sympathetic and a keeper of secrets." Employed as a physician advisor and coordinator, he resides with his wife, Rosalie, in Baltimore. The Johnsons have three children, Ann, Marius and Susan.

Abraham Kremen is currently active in ophthalmology in Baltimore, where he and his wife, Leona, reside, they have two children, Paula and David. Golf and the piano are Dr. Kremen's major hobbies.

Esther F. Kuhn specialized in family and tropical medicine. In 1946, appointed Medical Christian Missionary to Africa, she worked in Burundi, Rwanda and Rhodesia, retiring in 1977. Dr. Kuhn now resides in Baltimore and enjoys reading and painting.

Morton L. Levin, retired from preventive medicine and epidemiology, is a visiting professor at Johns Hopkins University; he has been published on multiple occasions, from 1936 to 1978. A resident of Baltimore, Dr. Levin has two children, Brett and Hilary. His hobbies include music and literature.

Frank R. Lewis, Sr., semi-retired from family medicine and residing in Willards, Maryland, enjoys woodworking and horseback riding with his wife, Ella. The Lewises have two sons, Jack and Frank, both physicians.

G. Bowers Mansdorfer is an active pediatrician and resides in Baltimore with his wife, Louise. The Mansdorfers have two children, Mary and John.

Benjamin H. K. Miller actively practices internal medicine and has had numerous publications. He and his wife, Goldye, reside in Philadelphia, Pennsylvania, and have three children, Deborah, Marjorie and Roslyn. In his spare time, Dr. Miller enjoys golf.

Victor J. Montilla, retired from dermatology, resides with his wife, Rosa, in Rio Piedras, Puerto Rico. The Montillas have three children, Frederico, Marta, and Fernando, a physician. Dr. Montilla enjoys gardening, mechanics, and cabinet making.

Nathan E. Needle is retired from family medicine, and he relates, "Young patients ran when they heard my name." He resides in Baltimore with his wife, Dorothy, and their favorite hobby is travel. The Needles have one daughter, Mollie.

Zack D. Owens, a surgeon, is now widowed and resides in Elizabeth City, New Jersey, enjoying hunting and fishing.

Robert Perlman is a retired orthopedic surgeon actively involved in teaching and has had ten publications, from 1934 to 1972. He and his wife, Edith, reside in Cincinnati, Ohio, and have two children, Emily and Vicky. He enjoys photography and golf.

Abner H. Rosenthal is active in family medicine in Flushing, New York, where he resides with his wife, Adele, and enjoys golf and reading. The Rosenthals have two children, Jane and Mitchell, a physician.

Louis R. Schoolman went into psychiatry after 33 years as a general practitioner. After retirement in 1976 from the Maryland State Department of Mental Hygiene, Dr. Schoolman moved to Green Valley, Arizona, where he is affiliated with the University of Arizona Medical School and a small mental hospital in Tucson. Dr. Schoolman and his wife, Marjorie, have two children, David and Dinah. He is an advocate of hiking and mountain climbing.

Joseph J. Smith retired from internal medicine and cardiology in 1974. He resides in Easton, Connecticut, with his wife, Esther. The Smiths have two children, Jonathan and Joanna.

Long Lost Friends

Planning to attend the reunion this year, but don't know if your friends will be there? Reunions are more fun if you can share them with classmates with whom you were close. Why not call them?

Drop a line to the Medical Alumni Association Office and we'll do our best to find one or two of your special friends. We'll even send you a roster of all your classmates so you can really push for a big party.

1981 Reunion—May 27 and 28

1980 GRADS START RESIDENCIES

Each year, fourth-year medical students are faced with selecting residency programs to suit their particular goals in medicine. To that end, the 1980 graduating class participated in the National Resident Training Program. The matching resulted in residencies in medicine for 70 graduates, surgery 28, obstetrics and gynecology 24, family practice 22, pediatrics 21, radiology 5, psychiatry and flexible 4 each, pathology 2 and pharmacy research 1.

Residency programs in Maryland area hospitals attracted 48 percent of the class. With the rest scattered throughout 24 states and the District of Columbia, perhaps one of them will be training at a hospital near you. A welcome and an offer of assistance from an older graduate always brightens the young physician's way as he starts his responsibilities and training.

California

Davis

U. of Calif. Affiliate Hosp.
Steven B. Palder, Surgery
Michael Righetti, Surgery

Fort Ord

Silas B. Hays Army Hospital
Paul E. Whittaker, Family Practice

Martinez

Martinez VA Med. Ctr.
Mary K. Newkirk, Internal Medicine

San Diego

Naval Regional Med. Ctr.
Michael F. Pratt, Internal Medicine

Santa Clara

Kaiser Fdn.-Santa Clara Med. Ctr.
Alan J. Rosenbloom, Internal Medicine

Connecticut

Hartford
Hartford Hospital
Timothy P. McLaughlin, Surgery

New Haven

Yale-New Haven Med. Ctr.
Marian F. Kellner, Obstetrics-Gynecology
Jonathan L. Weker, Psychiatry



Delaware

Wilmington
Wilmington Med. Ctr.
Charles F. Romano, Internal Medicine

Florida

Gainesville

William Shands Hosp.
Jane L. Chen, Internal Medicine

Donald L. Frye, Internal Medicine

Orlando

Orlando Hospital
Christine Kirkwood, Internal Medicine

Georgia

Atlanta

Grady Memorial Hosp.
Donald E. Brown, Obstetrics-Gynecology

Hawaii

Honolulu

Kapiolani Childrens Ctr.
Susan J. Hillebrenner, Obstetrics-Gynecology

U. of Hawaii

Mark E. Bainum, Surgery

Illinois

Chicago

Michael Reese Hosp.
Alan I. Gelman, Internal Medicine

U. of Chicago Clinics

Robert P. Cervenka, Obstetrics-Gynecology

Maywood

Loyola U. Affiliate Hosp.
Eric M. Orenstein, Orthopedic Surgery

Indiana

Beech Grove

St. Francis-Indiana U.
Paul E. Driscoll, Family Practice

Iowa

Sioux City

Siouxland Med. Ctr.
Guy H. Posey, Family Practice

Kansas

Wichita

Wesley Med. Ctr.

Darryl A. Driggs,
Radiology

Louisiana

New Orleans

Charity Hosp.-Tulane Hosp.

Roger J. Robertson,
Surgery

Maryland

Andrews AFB

*Malcolm Grove A.F.B.
Med. Ctr.*

James P. McKenna, Family
Practice

Baltimore

Baltimore City Hosp.

Patricia J. Coon, Medicine-
Primary

Karen M. Hladik, Internal
Medicine

Peter Stamas, Internal
Medicine

Franklin Square Hosp.

Dale J. Fergerson, Obstetrics-
Gynecology

Charita C. Hoyle, Obstetrics-
Gynecology

Kathleen N. Tully, Family
Practice



Good Samaritan Hosp.

Kenneth H. C. Silver,
Internal Medicine

Greater Baltimore Med. Ctr.

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Medicine

Martha F. Ryker, Obstetrics-
Gynecology

Carter J. Williams,
Obstetrics-Gynecology

Johns Hopkins Hosp.

Keith D. Osborn, Surgery

Kirby D. Rekedal, Pediatrics

Cheryl Wright-Wilson,
Pediatrics

Maryland General Hospital

Robert C. Ammlung, Internal
Medicine

Duane M. Bryant, Flexible
Harry Harris, Internal
Medicine

Henry H. Startzman, III,
Flexible

Gwendolyn M. Wigand,
Flexible



Mercy Hospital

Kenneth C. Kunze, Internal
Medicine

Peter T. Lapinsky, Internal
Medicine

Robert Y. Maggin, Internal
Medicine

John N. Margolis, Internal
Medicine

Marc D. Sokolow, Internal
Medicine

Francis L. Wiegmann,
Internal Medicine

Sinai Hospital

Bradley M. Aiken, Internal
Medicine

Kirk D. Cylus, Pediatrics

Mark Himmelheber, Internal
Medicine

Michael R. Kessler, Internal
Medicine

Steven M. Miller, Obstetrics-
Gynecology

Sally E. Sondergaard,
Obstetrics-Gynecology

Sandra A. Takai, Pediatrics

South Balto. Gen. Hosp.

Roy W. Cragway, Jr., Flexible

Maureen L. Durkin, Internal
Medicine

St. Agnes Hospital

Harriet L. Cohen, Pediatrics

Robert McLellan, Obstetrics-
Gynecology

Gary A. Milles, Obstetrics-
Gynecology

Union Memorial Hospital

David C. Allen, Internal
Medicine

Douglas Carroll, Internal
Medicine

Margaret D. Eby, Internal
Medicine

David M. Fishbein, Internal
Medicine

Christjon J. Huddleston,
Internal Medicine

Thomas P. Moran,
Obstetrics-Gynecology

Robert S. Schepp, Surgery

Victoria M. Woolston,

Internal Medicine

University of Maryland

Michael R. Ansher, Internal
Medicine

Robert R. Artwohl, Surgery

Umur M. Atabek, Surgery

Mehtap F. Atagun,
Obstetrics-Gynecology

Lawrence A. Brown,

Pathology

Douglas R. Brunner,

Radiology

Eric V. Buskirk, Pediatrics

Moshay F. Cooper, Pediatrics

Winthrop Davis, Family

Practice

Donna Fridie, Pediatrics

Moshay Frieman, Pediatrics

Grace Gelletly, Pediatrics

Lawrence Goldkind, Internal

Medicine

Anne E. Henry, Obstetrics-

Gynecology

Jan L. Houghton, Internal

Medicine



Stephen Ikeda, Research-
Pharmacology

Verne F. Kemerer, Radiology

James C. King, Pediatrics

William D. Lamm, Family

Practice

Charles E. Lee, Pediatrics

Brian C. Lerner, Internal Medicine
 Tomas E. Lipin, Surgery
 David B. Matchar, Internal Medicine
 Laurie J. Mathews, Family Practice
 Judah A. Minkove, Internal Medicine
 E. Joseph Morris, Obstetrics-Gynecology
 David I. Otto, Pediatrics
 Cathy A. Powers, Obstetrics
 James P. Richardson, Family Practice
 Paul M. Rivas, Internal Medicine-Primary
 W. Michael Rogers, Pediatrics
 James W. Ruppel, Family Practice
 Alvin R. Sills, Family Practice
 Roy T. Smoot, Jr., Surgery
 Louis W. Solomon, Surgery
 Henry W. Sundermier, Family Practice
 Eric S. Tannenbaum, Medicine-Primary
Bethesda
Nat'l. Naval Med. Ctr.
 Samuel O. Grimm, Obstetrics-Gynecology
Cheverly
Prince Georges Gen. Hosp.
 Daniel J. Chisolm, Internal Medicine
 Richard A. Marasa, Internal Medicine
 Robert L. Schiff, Internal Medicine
 David J. Schneiderman, Internal Medicine



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 Teri A. Manolio, Internal Medicine

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U. of Mass.
 Catherine Crute, Family Practice

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 Dale K. Dedrick, Surgery-Orthopedic
 David J. Markowitz, Pediatrics

Missouri
St. Louis
Barnes Hosp.
 Judith Falloon, Internal Medicine
 Lee J. Helman, Internal Medicine
Washington U.
 Francis K. Butler, Psychiatry



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 James J. Walsh, Jr., Surgery
New York City
St. Lukes Hosp. Ctr.
 Russell K. Portenoy, Internal Medicine
The New York Hosp.
 Ladd Spiegel, Psychiatry

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SUNY-Upstate Med. Ctr.
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 Douglas M. Rudisill, Pediatrics
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North Carolina Mem. Hosp.
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 David Klein, Surgery
Durham
Duke U. Med. Ctr.
 Barry S. Marx, Pediatrics

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Cincinnati General Hosp.
 Jeffrey Kleiman, Family Practice
Cleveland
Case Western Reserve Hosp.
 Vincent W. Gatto, Obstetrics-Gynecology
 David T. Owens, Internal Medicine
 Charles S. Specht, Internal Medicine
Fairview Gen. Hosp.
 Margaret McCahill, Family Practice
Oregon
Portland
Providence Hosp.
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Harrisburg
Harrisburg Hosp.
 Dena R. Hixon, Family Practice
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Hahnemann Med. Col. & Hosp.

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Timothy J. Rodgers, Internal
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Hosp. of the U. of Penna.
Myles Brager, Orthopedic
Surgery
Medical College of Pa.
Terrence D. Campbell,
Surgery



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Thomas Jefferson U. Hosp.
Barbara W. Bell, Internal
Medicine
Gregory M. Caputo, Internal
Medicine
James F. Fiastro, Internal
Medicine
D. Bryan Franks, Internal
Medicine
Michael J. Moritz, Surgery
Pittsburgh
Mercy Hospital
Geofrey Herald, Surgery
Shadyside Hospital
Robert J. Ginsberg, Family
Practice
Williamsport
Williamsport Hosp.
A. Jefferson Dodds, Family
Practice
York
York Hospital
Robert Henke, Family
Practice

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Medicine

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John Livengood, Pediatrics
Craig H. Paul, Internal
Medicine-Primary
Robert Rudolph, Surgery
U. of Texas Affiliate
Mark F. McDonnell,
Orthopedic Surgery

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Internal Medicine
Wilford Hall-Air Force
Richard G. D'Antonio,
Internal Medicine

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U. of Utah-Latter Day Saints
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Medicine

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Obstetrics-Gynecology

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NEWSMAKERS

Adrenal Corticosteroids As Adjunctive Therapy During Gram-Negative Bacterial Sepsis

The usefulness of adjunct adrenal corticosteroid therapy during septic shock is currently controversial. Clinical trials in which control groups of septic patients have been studied concurrently with those given pharmacologic doses of corticosteroids have yielded divergent conclusions. Schumer (Ann. Surg. 1976) reported significant beneficial effects; others, such as Klastersky (N. Engl. J. Med. 1971) or Thompson (Clin. Research 1976), reported no beneficial results; most recently McCabe's group (Am. J. Med. 1980) claimed highly significant ($p < 0.001$) detrimental effects. This latter group reported a fatality rate of 60/165 or 36% in septic patients not given corticosteroids, 24/44 or 55% in those given low dose steroids (<400 mgm hydrocortisone equivalents/day) and 43/60 or 72% in septic patients given higher steroid doses.

Pending the outcome of a carefully controlled, prospective, multicenter study (currently under consideration by the Veterans Administration), experimental studies have been carried out in our laboratory to answer the following question: "Can adrenal corticosteroids prevent mortality from gram-negative bacterial sepsis that is not preventable by optimal antibiotic therapy alone?" These studies were carried out in large numbers of animals (mice, rats, rabbits) infected intraperitoneally or intravenously with one LD₉₀₋₁₀₀ of *Escherichia coli*, *Proteus mirabilis*, or *Klebsiella*.

At timed intervals following bacterial challenge, aminoglycoside antibiotics were begun at dosages and intervals predetermined to constitute optimal therapy. With progressive increases in delay of initiating antibiotic therapy, mortality rates increased progressively from 0% to 90-100%. Standardized models of infection were developed by selecting delay periods before initiating antibiotic therapy such that 50 to 70% of the animals

died. In these models, adrenal corticosteroids were administered concomitantly with the delayed antibiotic therapy. The following was observed: Adrenal corticosteroids consistently and significantly reduced mortality rates. This protective effect was seen only with "massive" doses of steroids, i.e., 30 mg/kg methylprednisolone or 8 mg/kg dexamethasone. Decreasing this steroid dose to one third these amounts sharply reduced their protective activity. Increasing this steroid dose by two fold or greater either yielded no further protection or decreased the effect. The earlier the administration of the corticosteroids, the greater was their protective effect. Conversely, delay in initiating steroid therapy exponentially reduced the protective activity of steroids. While the initial bolus of steroid yielded the greatest increment in protection, a second bolus of equal size given four hours later increased the protection by a small but significant degree, while a third steroid bolus given four hours after the second provided additional but a still smaller increment in protection. When used without antibiotic coverage or with suboptimal doses of antibiotics, the "massive" doses of steroids were not protective, but neither was any increase in mortality (or rate of mortality) seen.

No other drugs tested yielded any adjunctive protection. These included prostaglandin synthetase inhibitors (indomethacin, acetylsalicylic acid, ibuprofen, imidazole), anticoagulants (heparin), protease inhibitors (aprotinin), glucose, glucose/K⁺/insulin, glucagon, nicotinamide, free oxygen scavengers (mannitol), or alpha adrenergic blockers (phenoxylbenzamine).

These experimental data support the clinical studies of Schumer indicating that adrenal corticosteroids are a valuable and unique adjunct to antibiotics in the therapy of severe gram-negative bacterial sepsis. The negative findings by others may be attributable to failure to use "massive" amounts of steroids (30 mgm/kg methylprednisolone or the equivalent), delay in their administration, use of single dose therapy, or failure of randomized selection of comparable control groups. Confirmation of these concepts in human sepsis now awaits the outcome of prospective multicenter clinical trials.

Sheldon E. Greisman, M.D.

1930's

William Greifinger '36 of South Orange, New Jersey, has been elected chairman of the Board of Trustees of the Medical Society of New Jersey.

seminars on sports safety for Baltimore City high school coaches.

Dr. Fitzpatrick is in private practice of obstetrics and gynecology and resides in Baltimore with his wife, Margaret, and their two sons, Vincent III and Lawrence.

1940's

Richard C. Hayden '44 after serving 3 years as vice-chairman was made chairman of District III of the American College of Obstetricians and Gynecologists. In addition to maintaining a private practice in Wilmington, Delaware, he is clinical professor of obstetrics and gynecology at Jefferson Medical School, Philadelphia, and is affiliated with St. Francis Hospital and the Wilmington Medical Center.

Harry F. Rolfs '44, practicing ophthalmology in St. Petersburg, Florida, was recently appointed clinical ophthalmologist, University of South Florida Medical School, Tampa. He was president of the Florida Society of Ophthalmology and is a staff member at Saint Anthony's and the Edward White Memorial Hospitals, St. Petersburg.

David H. Barker '45, Grosse Pointe Farms, Michigan, has been selected for fellowship in the American College of Radiology. He is affiliated with Cottage Hospital, Grosse Point Farms, and Saratoga Hospital, Detroit.

George R. Callender, Jr. '45 has joined the staff of The Memorial Hospital at Easton, Maryland, as consulting physician in electrodiagnostic studies of peripheral nerves and muscles. Prior to his move to Easton, he was in private practice in Charleston, West Virginia.

Vincent deP Fitzpatrick '45 was recipient of the 1980 A. H. Roberts Award for Community Service, presented by the Medical and Chirurgical Faculty of Maryland, in recognition of his devotion to young athletes and physical fitness. He has served as team physician for high school athletes since 1969 and was active in conducting

Eli M. Brown '46 has advanced from vice president to president of the American Society of Anesthesiologists. He resides with his family in Huntington Woods, Michigan. The Browns have two sons, O. William and Morris, who are both physicians; two daughters, Jacqueline, who is involved in nursing education and staff development and, Barbara who will enter law school in 1981.



Dr. Brown '46

1950's

Jonas R. Rappeport '52 has been named Consultant Advisor to the American Medical Association's Board of Trustees on Correctional Health Care Issues. Dr. Rappeport is a forensic psychiatrist who, in addition to a private practice, serves as chief medical officer of the Supreme Bench of Baltimore and was president of the American Board of Forensic Psychiatry.

A faculty member since 1967, Dr. Rappeport has been director of the Special Offenders Clinic since 1972 and was recently promoted to clinical professor of psychiatry.

Murray Kappelman '55 is president of the Medical Education Group of the Association of American Medical Colleges.

Frederick W. Plugge, IV '57 commands the United States Air Force Hospital in Wiesbaden and is a member of the John Beale Davidge Alliance.

Ramon F. Roig '59, Baltimore, is president of the University of Maryland Hospital Medical Association and president of the medical staff at St. Josephs Hospital.

1960's

Ian Anderson '62 is chairman of the Legislative Committee of the Baltimore City Medical Society.

Carmen Fratto '62 is director of ambulatory services at Maryland General Hospital, Baltimore and medical consultant to the pulmonary division of the Maryland State Department of Health. In addition, to conducting a private practice in internal medicine, Dr. Fratto is assistant professor in the Department of Medicine.

Harold A. Burnham '66 has been named vice president-medical director of Glenbrook Laboratories, a division of Sterling Drug, Inc. He resides with his wife, Lucienne, and two children in Glen Cove, New York.



Dr. Burnham '66

In private practice in York, Pennsylvania, **George A. Lapes '67** became board certified in psychiatry in 1976 and is president of the Central Pennsylvania Psychiatric Society.

Hubert T. Gurley '69 is director of the Department of Emergency Medicine at The Johns Hopkins Hospital and directs the Division of Emergency Medicine and Trauma at The Johns Hopkins School of Medicine. He directed the Coronary Care Unit at Bal-

timore City Hospitals between 1974 and 1976 and was also assistant chief of medicine during that time. Dr. Gurley has been active in the Maryland Chapter of the American Heart Association as a board member and chairman of the Cardiopulmonary Resuscitation Committee.

David Shobin '69, Smithtown, New York, will have his first novel, *The Unborn*, released in October by Linden Press, a subsidiary of Simon and Schuster. The paperback reprint rights have been sold for a minimum guarantee of \$250,000.

1970's

L. Thomas Divilio '75 is a general and vascular surgeon associated with Dr. J. T. B. Ambler at The Memorial Hospital at Easton, Maryland.

Thaddeus P. Pula '76 is chief of the Neurology Division at Maryland General Hospital. He is a member of the American Academy of Neurology and co-author of several articles in the medical literature.

Kendall Reese Faulkner (Bennett) '77 is medical director of the geriatric outreach program at Maryland General Hospital, Baltimore and associate faculty member for the University of Maryland Hospital's Area Health Education Center (AHEC) Program

Two members of the School of Medicine's **Class of 1982** have been selected to receive the 1980 Ciba Award for outstanding community service. **William Hicks** and **Steven Parker** were cited for their volunteer work with walk-in alcoholics in the emergency room and University of Maryland Hospital as well as their work with the Alcoholism and Drug Abuse Program.

Last year's recipient of the Ciba Award was **Peter Barker, Class of 1981**. He was responsible for establishing a lecture series for students at the School of Medicine on topics of concern not covered by the curriculum.

Adil E. Shamoo, Ph.D., professor and chairman of the **Department of Biological Chemistry**, and **Hugo Gonzalez-Serratos, Ph.D.**, professor of biophysics, have received \$27,000 and \$16,500 respectively from the Muscular Dystrophy Association to conduct specialized investigative work which may lead to a greater understanding of the disease.

Michael Salcman, M.D., associate professor of neurological surgery and chief of the neuro-oncology service, has been appointed to the editorial board of *Neurosurgery*, the official journal of the Congress of Neurological Surgeons. Dr. Salcman's article "Survival in Glioblastoma: An Historical Perspective" appears in the October issue of the journal.

The first **Thurston R. Adams Memorial Lecture**, established by the family and friends of the former professor of surgery and alumnus of the class of 1934, was given by Dr. Benjamin F. Rush, Jr., M.D., professor and chairman of the Department of Surgery at the College of Medicine and Dentistry of New Jersey. "Evolution Therapy for Hemorrhagic Shock" was the topic of the lecture.

Dr. Rush has been in his present position at New Jersey Medical School since 1979 and formerly held research appointments at University of Kentucky, The Johns Hopkins University, Yale University and Sloan Kettering Institute.

Faculty in the **Department of Physiology** have received a total of \$925,000 in new research grant awards.

Dr. Mordecai P. Blaustein, professor and chairman, was awarded a three-year grant of \$167,905 by the National Science Foun-

dation for the study of "Sodium and Calcium Transport in Barnacle Muscle Fibers and Squid Axons."

Dr. Abrams F. Fajer, professor, received a three-year award of \$134,598 from the National Institute of Child Health and Human Development for the study of "Ovarian and Extraovarian Control of Meiosis."

Dr. Edmund M. Glaser, professor, received an award of \$150,516 from the National Institute of General Medical Science to be used over a two-year period to purchase and set up an interactive camera lucida computer-microscope.

Dr. Bruce K. Krueger, assistant professor, was awarded a three-year grant of \$161,319 by the National Institute for Neurological and Communicative Disorders and Stroke for the study of the "Biochemistry of Excitable Membranes."

Dr. W. Jonathan Lederer, assistant professor, received a three-year grant of \$159,607 from the National Heart, Lung and Blood Institute for the study of "Sodium Pump, Intracellular Sodium and Tension in Heart."

Dr. Phyllis M. Wise, assistant professor, was awarded \$150,944 by the National Institute on Aging for a three-year study of "Neuroendocrine and Neurochemical Function During Aging."

On October 11, 1980, at the age of 84, **James Wharton Nelson '25**, Baltimore, Maryland. Dr. Nelson was a first lieutenant in the Army Air Corps during World War I. He was associate professor in the Department of Surgery and retired from private practice in 1958.

On June 29, 1980, at the age of 78, **William Schuman '26**, Baltimore, Maryland. Dr. Schuman retired from private obstetrical practice in 1969. Until 1971, he was chief of obstetrics and director of medical education at North Charles General Hospital. The hospital's Schuman Lecture Hall was named in his honor, and a lecture series there also bears his name.

On August 28, 1976, **Robert D. Oliver '30**, Selma, North Carolina. Retired in 1974, Dr. Oliver nevertheless continued to see his former patients.

On January 26, 1980, **Duncan Shaw Owen '30**, Fayetteville, North Carolina. Dr. Owen was an internist and senior member of the medical staff at Cape Fear Valley and Highsmith-Rainey Memorial Hospitals, Fayetteville.

On May 14, 1980, **Jacob Leffert '32**, Brooklyn, New York. An internist, Dr. Leffert was senior medical consultant to the New York City Department of Social Services and physician in charge, Hotel Health Center.

On May 22, 1980, at the age of 76, **Andrew Menaris France '32**, Parkton, Maryland. A general practitioner and deputy state medical examiner for Baltimore county, Dr. France was also active in civic affairs. He was active in scouting, founding a Boy Scout troop in Parkton and was named Man of the Year by the Parkton Rotary Club.

On July 18, 1980, **William L. Griggs, Jr. '33**, Gate City Virginia. Dr. Griggs was retired from family practice at the time of his death.

On March 3, 1980, at the age of 81, **Stephen Sewell '33**, Spring Lake, New Jersey. Specializing in internal medicine, Dr. Sewell retired from practice and was appointed

chief of gastroenterology at the Veterans Administration Hospital in Lyons, New Jersey.

On June 8, 1980, **Benjamin I. Siegel '34**, Baltimore, Maryland. Dr. Siegel was a surgeon specializing in pulmonary diseases and medical director of Baxter-Travenol Laboratories

On September 23, 1980, **Willard Applefeld '38**, Baltimore, Maryland. A general practitioner, Dr. Applefeld was chief physician to the employee health clinic and student health (nursing) at Sinai Hospital, Baltimore, and a longtime member of the medical staff

In the summer of 1980, at the age of 59, **John Edward Morrison '46**, Norwich, Connecticut. An internist, Dr. Morrison was clinical director and director of medical and surgical services at the Norwich Hospital for 25 years before retiring in 1974. He had been medical director of the 110th Station Hospital in Vienna, Austria, while a captain in the U.S. Army.

On August 10, 1980, at the age of 58, **Frank Robert Perilla '51**, Woodbine, Maryland. Before entering medical school, Dr. Perilla was with the U.S. Army's 84th Infantry Division and was awarded the Purple Heart and Bronze Star. He was chief of radiology at St. Agnes Hospital, Baltimore, and assistant professor of radiology at Johns Hopkins Medical School.

On July 6, 1980, at the age of 76, **Alexander S. Dowling**, Baltimore, Maryland. Retired medical director of three state hospitals, Dr. Dowling was former medical director of the Veterans Administration Hospital in Bath, New York, and consultant to the disability benefit reconsideration unit of the Social Security Administration.

On July 1, 1980, at the age of 62, **Gould Arthur Andrews**, Baldwin, Maryland. A professor in the Department of Diagnostic Radiology, Dr. Andrews was a pioneer in nuclear medicine. Prior to joining the faculty three years ago, he was director of medical research at the federal nuclear research facility in Oak Ridge, Tennessee. Dr. Andrews helped develop the use of radioactive gallium for detecting cancer.

Harry M. Robinson, Jr.

(1909-1980)

An indefatigable worker, teacher, researcher, and clinician in the field of dermatology, Harry M. Robinson, Jr., died on July 18, 1980. His passing has saddened those whose life was touched and who were taught by this exemplary man.

Having graduated from the School of Pharmacy in 1931 and the School of Medicine in 1935, Dr. Robinson, Jr. interned at University of Maryland Hospital and was an assistant resident in medicine there. In choosing the field of dermatology, he followed in the footsteps of his father, Harry M. Robinson, Sr. and worked with his father in private practice as well as the clinic at University of Maryland Hospital. He worked also with the distinguished syphilologist, the late Joseph Earl Moore, M.D., at Johns Hopkins Hospital.

In 1942 Dr. Robinson, Jr. entered the Army and served more than three years with the University of Maryland Hospital Unit in the South Pacific and India as chief of dermatology and venereal disease control officer. While in the Army, he worked in a leper colony and began publishing papers relating to syphilis, which at that time constituted a large part of dermatology. After leaving the Army with the rank of Lieutenant Colonel, he returned to Baltimore in 1946 and was certified by the American Board of Dermatology. He resumed his work with his father at the University and began to teach, do research and write. He rose academically from assistant professor to succeed his father as professor and head of the Division of Dermatology in 1954.

He continued to write and do research for the rest of his life. Much of his early work in collaboration with fellow faculty members was in the field of mycology such as the nutrition of some of the prevalent dermatophyte fungi, the physiology of these organisms, particularly fluorescence of hair in tinea capitis, treatment with topical fungicides, and finally, when griseofulvin was discovered in England, a series of papers on the pharmacology and biochemistry and chemical effects of this revolutionary oral antibiotic. He also studied and wrote on the many bacterial antibiotics in dermatology and venereal diseases. Many of his papers were firsts. Studies of the cortisones, topical and systemic, soon followed.

In recognition of his efforts in establishing a rehabilitation program and center for dermatologic diseases, he was awarded the Gold Medal of the American Academy of Dermatology in 1970. He initiated and nurtured the residency program in dermatology at University of Maryland Hospital. Dr. Robinson was an outstanding teacher of dermatology and received national recognition in 1976 when he was awarded the Clark Finnerud Award of the National Foundation of Dermatology. As one of the deans in American dermatology, he was a member and held responsible positions in a host of local and national dermatological and medical societies and organizations.

Dr. Robinson published more than 115 scientific papers alone or with co-authors and contributed to several texts. In collaboration with his brother, the late Raymond Robinson, M.D., and the dermatology staff, he wrote a textbook, *Clinical Dermatology*. In 1962, he compiled and edited the case book for the International Congress of Dermatology and published three other texts in the next ten years. He lectured and was a guest professor at numerous universities in this country and abroad. He retired as head of the Division of Dermatology in 1977 but was still active in teaching. He possessed a passion for teaching which was reflected in his students.

Dr. Robinson was respected and admired by his students and colleagues and was well liked by everyone. He pioneered in making the specialty of dermatology what it is today at the University of Maryland, in the city of Baltimore and state of Maryland. He portrayed the perfect example of dignity, ethics, and ambition and deserved every honor accorded him. He will be remembered and mourned by all who knew him. A giant in his field, he will be difficult to replace.

Eugene S. Bereston, M.D. D.Sc. (Med)

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BULLETIN

WINTER
1980

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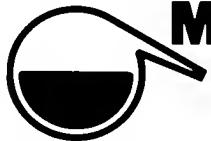
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BULLETIN

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Vol. 65 No. 4

Winter, 1980

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COVER: Typical of the action during the highly successful fourth annual Phonothon, our cover shows a few of the local alumni volunteers calling their classmates across the country. The 65 volunteers completed a total of 1,882 calls resulting in 1,009 specified pledges and 448 unspecified pledges. Estimating an average unspecified pledge payment at \$81, this dedicated group of volunteers exacted/solicited/collected/received pledges in the amount of \$174,316.

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VOLUNTEERS NET \$175,000 IN PLEDGES

CLASS REPRESENTATIVES

Edward F. Cotter, '35	\$8,300	Harry C. Knipp, '76	\$980
William J. R. Dunseath, '59	\$8,000	George M. Brouillet, Jr., '71	\$945
August D. King, Jr., '59	\$7,525	Darryl J. Garfinkel, '72	\$850
James R. Appleton, '61	\$6,750	Joseph S. McLaughlin, '56	\$800
Sylvan Frieman, '53	\$6,525	Katherine V. Kemp, '48	\$800
J. Walter Smyth, '54	\$4,860	Edward S. Kallins, '34	\$775
Charles M. Henderson, '57	\$4,505	Terren M. Himelfarb, '65	\$700
Thomas E. Hunt, '54	\$3,825	S. J. Demarco, '59	\$675
Gary A. Belaga, '70	\$3,750	Allan J. Monfried, '66	\$650
Karl Mech, Jr., '68	\$3,740	William B. Rever, Jr., '50	\$600
Morton I. Rapoport, '60	\$3,300	Ronald J. Taylor, '73	\$585
John J. Tansey, '45	\$3,200	Nijole B. Carozza, '63	\$575
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Bernard S. Karpers, Jr., '62	\$3,085	Michael J. Sindler, '72	\$550
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John B. Littleton, '56	\$2,690	John G. Frizzera, '68	\$475
James H. Frenkil, '37	\$2,650	Frank H. George, '77	\$455
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Jean-Jacques Gunning, '54	\$1,430	John N. Diaconis, '61	\$100
Murray Kalish, '73	\$1,413	William G. Brown, '76	\$100
Virginia Huffer, '50	\$1,400	Other Callers	\$11,975
Isadore Tuerk, '34	\$1,375	Neil R. Bernstein	
Gibson J. Wells, '36	\$1,315	Jean D. Goral	
Stephen L. Hooper, '68	\$1,260	Peggy Quinn	
Kristin Stueber, '69	\$1,035	Sally Whited	



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In a two-week period in November, sixty-five alumni representing forty classes donated three to six hours placing phone calls to their classmates on behalf of the School of Medicine.

Congratulations to Karl Mech, Jr., Chairman, the volunteers and many thanks to the alumni who responded so enthusiastically.

They Did It With Your Help

1. It took Dan King (right) and several other 59'ers to beat Bill Dunseath's past record.
2. Steve Hooper said he'd come back next year if we serve ham on biscuits again.
3. Excitement abounded when Selvin Passen signed up a new member of the John Beale Davidge Alliance.
4. Karl Mech, Jr., Chairman, was on hand each night to spur the volunteers on to beat last year's record.
5. Jim Appleton, a member of the John Beale Davidge Alliance, recruited two new members.
6. Frank George (above) and Jose Bush showed up several nights. We didn't know if it was just to make calls or for a dinner break while on duty at the hospital.
7. Gary Belaga signed up one of the twenty-eight \$1,000 pledges.
8. Tom Connor gained confidence after his first call, and got a \$1,000 pledge. He stayed an extra hour to beat our John Dennis.
9. Joe Orlando needed something wet to keep his throat from getting dry.

"CLASS TOTALS"

1954	\$ 10,945
1959	\$ 10,875
1953	\$ 9,450
1960	\$ 9,125
1935	\$ 8,300
1961	\$ 6,800
1945	\$ 6,300
1957	\$ 5,505
1977	\$ 5,455
1955	\$ 4,755
1943M	\$ 4,655
1956	\$ 4,490
1950	\$ 4,010
1965	\$ 3,835
1970	\$ 3,750
1972	\$ 3,550
1968	\$ 3,520
1967	\$ 3,505
1966	\$ 3,400
1962	\$ 3,085
1974	\$ 2,970
1946	\$ 2,800
1958	\$ 2,775
1937	\$ 2,650
1943D	\$ 2,525
1973	\$ 2,498
1934	\$ 2,150
1976	\$ 2,085
1939	\$ 1,975
1942	\$ 1,400
1936	\$ 1,315
1964	\$ 1,260
1952	\$ 1,150
1949	\$ 1,050
1969	\$ 1,035
1926	\$ 1,000
1927	\$ 1,000
1938	\$ 1,000
1940	\$ 1,000
1980	\$ 1,000
1971	\$ 945
1948	\$ 900
1963	\$ 825
1947	\$ 775
1951	\$ 700



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10

Davidge Hall Update

The major phase for restoration and renovation of Davidge Hall is now underway. The work involves replacement of electrical wiring, modernization of plumbing and installation of a modern sprinkler system, smoke detector, heating and climate control equipment. To assure its continued use as a unique lecture hall, modern sound and projection equipment will be installed in Chemical Hall.

UMAB's new chancellor, Dr. T. Albert Farmer, officially assumed office on New Year's Day, 1981. His quarters on the first floor of Davidge Hall have been completely refurbished.

Demolition work in the medical alumni headquarters included the restoration of the original ceiling and the observation balconies. As this area was used for dissections, the balconies allowed the professor of anatomy to observe the students during dissection seminars.

While demolition work progressed on the first floor, a "walk-in" safe was discovered connecting Davidge Hall with the old Dental School building (now occupied by the Maryland Institute for Emergency Medical Services Systems). It is presumed that this vaulted area was used by the Dental School to store silver and gold.

A mobile safe was recovered from under the seats of Chemical Hall. Unlike the modern combination-type lock, this safe was secured with a key. The contents revealed correspondence dating to early 1850-1860 and ultimately some of this correspondence will be abstracted and published in the BULLETIN.

The surface of several of the beams supporting Anatomical Hall are barnacled and it is possible these were salvaged from ships. During the period when Davidge Hall was constructed, nothing was wasted. At this same time, we were at war with Great Britain, i.e., the War of 1812.

Flooring under Chemical Hall, which was laid on sand, was seriously undermined and has had to be reinforced representing an unanticipated extra cost.

Stoves, representative of the type that originally occupied the various niches in Chemical and Anatomical Halls, were purchased from the Peale Museum. Ultimately it is hoped that exact replicas of the original stoves can be fabricated so that all niches can be outfitted properly. Because of financial constraints, such fabrication will be postponed until the last phase of the restoration.



The ceiling of the medical alumni headquarters in Davidge Hall is being restored. The surface of several beams found in the building bear the marks of barnacles. It is possible they were salvaged from ships in the early 1800's.

Among several improvements, a kitchen/pantry facility will be located in the rear of the first floor in an area formerly used as a mail distribution center. The addition should enhance and improve services for alumni social activities.



This safe discovered during demolition connected Davidge Hall to what was once the dental school. It may have been used to store gold and silver.

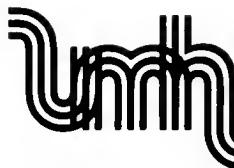


This arch rises above a balcony overlooking Anatomical Hall. From here a professor could observe students during dissection seminars.

It is possible that certain areas of Davidge Hall will be available for tours during alumni activities in May, 1981. Meanwhile, it is hoped that momentum for this alumni project will not founder for lack of money. Approximately \$900,000 to \$950,000 has been either spent or

obligated at the time of this report. An additional \$300,000 to \$350,000 will be required for its completion. Your continued support is urged as well as suggestions for additional donor support.

George H. Yeager, M.D.



TELMED

A Busy Patient Educator

The same questions are asked in thousands of doctors offices many, many times each day: What are the early warning signs of a heart attack? Why am I tired all the time? Do I really need to stop smoking?

Physicians and health care personnel have traditionally played the role of patient educator answering these and hundreds of other questions. But sometimes there isn't time for a complete answer, or the answers vary as they are repeated over and over again. Perhaps a hospital staff member doesn't know the answer, or may not have the skill to communicate and teach effectively.

An automated information system at the University of Maryland Hospital is rapidly becoming the busiest patient educator in the Baltimore metropolitan area. Using over 200 tape recorded messages available to anyone with a telephone, TELMED is a system for relieving health professionals of the time-consuming responsibility of repeating the same information to many patients. TELMED does the job consistently with accuracy, clarity and credibility.

The messages constitute a health information library available to anyone who reads a list of tape titles, calls a special number at the hospital and gives the librarian the number of the tape he wishes to hear. The tape is selected and inserted into a play-back console. When it finishes playing, the phone line is disconnected and the librarian signaled to replace the tape in a storage rack.

Developed in 1972 by the San Bernardino (California) County Medical Society, the tape recorded messages provide information on such topics as cancer, child care, dentistry, family planning, first aid, diet, heart disease, pregnancy, smoking, venereal disease and more.

Some of the tapes answer questions about specific illnesses once they've occurred while others deal with preventive care. When public concern is focused on a particular health issue such as toxic shock syndrome, a tape can be developed and quickly added to the library.

To help callers find community resources to deal with their concerns, some tapes give the name and telephone number of organizations like the American Heart Association where more information is available.

Each tape is reviewed by TELMED's medical board, the Medical and Chirurgical Faculty of Maryland and the Hospital's staff. All material is continuously updated and the Hospital has the opportunity to develop new tapes tailored to the health needs and concerns of the community.

The TELMED program at the University of Maryland Hospital was begun with the help of the Med-Chi Faculty and Blue Cross/Blue Shield of Maryland. Both organizations shared the Hospital's commitment to promote proper health habits that may prevent disease and illness.

The program is designed to increase accessibility of health information by providing standardized, medically-certified, easily understood information...at no cost to the user. One of the aspects of the system that callers seem to appreciate is the confidentiality.

At University of Maryland Hospital the system is open 24-hours-a-day when staffing permits. Volunteers, auxiliaries, students and telephone operators work together answering telephones that seem to ring all the time.

Does it work? In a study published last year in the *American Journal of Public Health* Dr. Robert A. Diseker and others reported that consumer evaluation of TELMED was very positive. Responses to a telephone survey suggested that TELMED has been well received and contributed a significant service to the community. "TELMED also appears to have had an influence on behavior, at least as reported by respondents," the authors said.

At the University of Maryland Hospital TELMED is working. In the first month after it opened, TELMED received nearly 18,000 calls.

G. Bruce McFadden
Director

Ronald McDonald Comes To Baltimore



Photo by James Tankersly

An artist's model of the Ronald McDonald House soon to be built within blocks of the University of Maryland Hospital. The University donated the land for this building designed to provide inexpensive, comfortable housing for families of children being treated for life-threatening illnesses.

In the spring of 1980, officials from the University of Maryland held a press conference to announce the donation of land to the Hematology Oncology Support Services of Greater Baltimore, Inc. (H.O.S.S.) for the building of a Ronald McDonald House™.

On hand for the occasion were Mayor William Donald Schaefer; Dr. John M. Dennis, dean of the medical school; Dr. Rein Saral, assistant professor in oncology and medicine at Johns Hopkins Medical School; members of the board of H.O.S.S.; John French, regional

vice president of McDonald's®; Baltimore Colt Joe Ehrmann and many other special guests.

Located at Lexington and Arch Streets, just minutes away from two major hospitals, the facility will be built and maintained by H.O.S.S. with support from the people in the Baltimore community.

The concept of the Ronald McDonald House™ started in Philadelphia in 1974 to provide free or moderately priced housing and home-like services for families of children undergoing treatment for life-threatening illnesses. There are now houses in 15 cities across the country with 30 more in some stage of development.

Each house is owned and operated by a non-profit corporation organized expressly for the purpose. The Baltimore corporation, H.O.S.S., is locally organized and funded and staffed with dedicated citizens who give of their time on a volunteer basis.

Dr. Allen D. Swartz '64, head of the University's pediatric hematology-oncology service is a member of the H.O.S.S. coordinating board.

In early 1979, Jay I. Levinson, Ph.D. had a dream he shared with Joe Ehrmann of the Baltimore Colts. Joined by other prominent and dedicated citizens and a pledge of support from the Greater Baltimore McDonald's® Operators Association, the Baltimore Ronald McDonald House™ is becoming a reality. Overwhelming support from the people in the Baltimore metropolitan community has produced donations and pledges totalling over \$100,000.

528-3111

That's the phone number for TELMED, an automated health information system at the University of Maryland Hospital. It brings free health information as close as the telephone. By calling the number shown above you can hear any one of over 200 pre-recorded messages. To receive a copy of the TELMED catalog listing all tapes in the library call 528-6783 or write:
Director's Office
University of Maryland Hospital
22 South Greene Street
Baltimore, Maryland 21201

Richard McSherry

1817-1885

Scholarly Practical Clinician, Dedicated Military Medical Officer, Devoted Papal Servant

Theodore E. Woodward, M.D.

This is the sixth in a series of biographical sketches of former Chairmen of the Department of Medicine.

A graduate of the University of Maryland class of 1882 described Richard McSherry, the 5th chairman of the Department of Medicine, as the leading consultant of Baltimore, a man of the highest ethical tone and an expressive lecturer. Instruction at the old school followed the ancient custom of teaching by didactic lectures. The course was for two years, and the lectures of the first year were usually repeated in the second. According to Bond, a professor might write out a course of lectures when he assumed the Chair and read them year by year to his classes in the great amphitheater classroom, for the rest of his life, with such little additions and corrections as occurred to him during subsequent years. Second year students knew all the anecdotes and rhetorical flourishes and climaxes by heart, having applauded them previously. Some professors lectured without notes and held the attention of students as well as would be permitted by the hard wooden ledges on which they sat. But the lectures were usually on the same subject in much the same language.

Richard McSherry was a member of a strong faculty consisting of able men who knew how to stimulate learning in pupils. The students in turn added to their routine weekly "quiz classes" which would be conducted by a recent graduate, who drilled them in the themes of lectures and in the essentials of actual practice. Medical teaching in McSherry's era was by lecture, assigned reading and the passing of quizzes. The clinics the professors conducted in the University Hospital across the street were faithfully attended by students. The professors were engaged in treating the sick in the office and at home and made their lectures practical. Usually, in the clinics, they were genial and bent on teaching by demonstration.

Often, before entering school, a student had worked a year or more under a "preceptor" or local practitioner whose books he read and with whom he drove from home to home and assisted in operations. Students worked hard because they needed to conserve their own

savings and those of their parents. School activities centered around the great amphitheater (Davidge Hall) which had not well weathered the wear and tear of almost a century nearly as well as the majestic pillared portico through which students and faculty entered. In the building, there were no decorations to relieve the general bareness save for a crayon drawing, Raphael's St. Michael and the Devil, opposite the entrance of Anatomical Hall (drawn by Fred Butler, a student in 1835). Students sat on long semi-circular wooden ledges and, according to Bond, most students came as strangers from remote and poor country districts. Intent on economy, these students wore old and drab clothes which did not serve to brighten the atmosphere in the Great Hall. Yet, these same students, along with their city classmates who were favored with advantages, grew into manhood and, at graduation two years later, when groomed in their hired dress suits, presented as fine a company of young men as one could imagine. After graduation, students either completed their training in the field of family practice by working with an established practitioner or went abroad to the centers of Europe for postgraduate work. It was in this setting, during the Civil War, that Richard McSherry became departmental chairman in 1863.

The son of a physician by the same name, Richard McSherry was born in Martinsburg, West Virginia, on November 21, 1817, the year



Main University Building.

Davidge Hall about 1880.

University of Pennsylvania.

This is to Certify that Mr. Richard McSherry
has passed his examination
by the Medical Faculty for the Degree of Doctor of
Medicine, and that on paying the fees of Graduation,
and entering his name on the Register, he will, con-
formably to the regulations of this Institution, receive
the Degree aforesaid at the next Commencement.

W. E. HORNER,
Dean of the Medical Faculty.

Philadelphia, March 17. 1841.

Diploma of Richard McSherry from University of Pennsylvania
School of Medicine, 1841.

of Nathaniel Potter's monograph on "Yellow Fever." His mother was formerly Ann C. King of Georgetown, D. C. Always a devout Catholic, he obtained his academic education at Georgetown College and attended medical lectures at the University of Maryland, but mostly at the University of Pennsylvania where he received his medical degree on March 17, 1841. This was the year that the University of Maryland School of Pharmacy was founded.

For the first ten years of his professional life, McSherry held commissions in the Medical Corps of the United States Army and Navy. Commissioned in the U. S. Army August 21, 1838 as an Assistant Surgeon, he served under

General Zachary Taylor in the Seminole War in Florida. He resigned his commission in 1840.

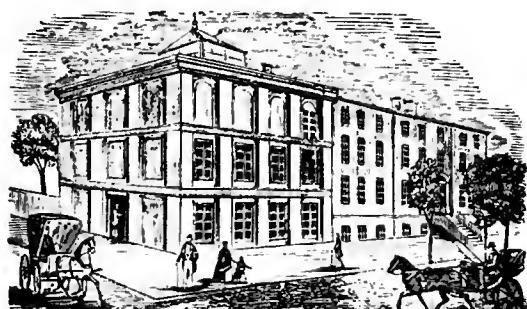
On January 4, 1842, Archbishop Eccleston married McSherry and Catherine Somerville Wilson, oldest child of Robert Wilson, Jr. The ceremony took place at the country residence of Robert Wilson, Sr., the bride's grandfather. This residence was known as the Cottage Newington, located in that part of Baltimore between Fulton Avenue and Gilmor Street, near North Avenue.

November 22, 1843, Doctor McSherry was commissioned an Assistant Surgeon of the United States Navy and, at the outbreak of the Mexican War, he was detailed as regimental surgeon for a contingent of marines sent to the front. During the whole campaign, he served under General Winfield Scott and was present at the capture of Chapultepec and Mexico City. Already an accomplished Spanish scholar, he took advantage of his language facility to observe and converse with the Mexicans. On his return to the United States, he wrote *El Puchero or A Mixed Dish from Mexico* which related his experiences and included vivid descriptions of the habits and customs of Mexican people gleaned from first-hand experience. Published in 1850, it recounted General Scott's campaign in Mexico. While commissioned in the Navy, Doctor McSherry cruised around the world on the Frigate Constitution (Old Ironsides), a sister ship of Baltimore's Constellation.

Captain Jack Percival was the commander of Old Ironsides and this voyage included service in the East and West Indies, North and South America, Asia and Africa. During his many travels, Doctor McSherry remained an ardent student of medicine and acquired a knowledge of a wide variety of diseases. On April 17, 1851, he resigned his Navy commission while stationed at the Naval Hospital, Norfolk, Virginia. He then moved with his family to Baltimore where he resided for the remainder of his life.



Constitution (Old Ironsides). Sister Ship to Constellation (now in Boston). Richard McSherry sailed around the world on this frigate.



University of Maryland Hospital, 1880. Richard McSherry conducted medical rounds with students and resident physicians in the Hospital.

In Baltimore, his practice grew slowly but steadily. In 1862, he was appointed lecturer of *materia medica* to fill the vacancy occasioned by the departure of Professor Edward Warren in 1861 to take part, as a southerner, in the Civil War. He was elevated to the rank of professor in 1863. McSherry was appointed to the professorship only after Warren had been notified that the interests of the school demanded that the chair be filled. Upon the death of Professor Samuel Chew, he was elected to the Chair of the Principles and Practice of Medicine during the fall session of 1863-64.

As a teacher, he was described as safe and inclined strongly to conservatism. His language was perspicuous and sententious and he was particularly polite and condescending to young graduates. Faculty associates and pupils gave him their affectionate regard and esteem because of his genial disposition, transparent sincerity and strict conscientiousness. Doctor McSherry's mind was ever open and receptive to new knowledge. His manner was quiet, unostentatious and he conveyed the impression of being grave.

As a representative physician and churchman, he was constantly called upon to fill public positions for which his well-stored mind, fine presence and exceptional oratorical powers so well fitted him. He was continuously the physician to four archbishops of Baltimore, including Cardinal Gibbons. He gave careful attention to his large private practice but found time to devote to literary pursuits. In addition to his numerous contributions to medical literature, he wrote and published other works.

As a writer, Doctor McSherry's style was simple but vigorous, his English was impeccable and he was fond of apt classical quotations. Always an avid reader, his general knowledge was regarded as encyclopaedic. His writings were practical in their content and displayed evidence of his powers of close observation and judicious reasoning. No less a person than Franklin Pierce, President of the United States, complimented Doctor McSherry on his literary style in a letter dated February 16, 1869, from Concord, New Hampshire.

That McSherry was a practical and wise clinician is particularly demonstrated by a comment such as, "Fortunately a good general idea of the nature of disease and of general pathology may direct the practitioner to a proper course of therapeutics, even when the typical form is obscured by shades of gradation or by complications. The last, in fact, often supervene to such an extent as to become the chief objects of attention. . . . every case, whatever it may

be called, offers its own problems for the consideration and judgement of the thoughtful practitioner."

A large number of lectures, monographs and articles were published in medical journals which dealt with the practical aspects of medical and surgical problems. His book of personal experiences in Mexico, *El Puchero*, displayed his perceptive and orderly ability to comprehend others' problems. His essay on *Health and How to Promote It* characterized his strong faith in the coincidence of good health and good morals: "with a single exception, there is nothing that is or ought to be of so much interest to humanity as the subject of human health. The writer desires to keep this interest alive and to diffuse it. He wishes to be understood generally that the great science of medicine is not limited to the administration of drugs inasmuch as it embraces everything tending to the physical well-being of the race." McSherry's words are just as apt for the twentieth century.

McSherry insisted on high ethical standards. He accepted the concept that "physicians have a right to commend pure drugs and reliable preparations made for them by skillful pharmacists. They should look for the best medicines, and encourage the pharmacists who prepare and vend them; but it certainly must be held to be a breach of professional proprieties for a physician to give his certificate to one manufacturer's cough medicine and to another's liver pills, and to another's vermicifuge and to the multifarious combinations made by medical tradesmen for the indiscriminate sale to the public."

The writer finds McSherry's comments on competence and training particularly fitting to contemporary late twentieth century medicine. He said, "A competent specialist should have passed over the whole field of medicine both in study and practice for a term of years; and the general practitioner must keep up an acquaintance with all specialties, since there is no exact line of division between specialties and general medicine. The man whose life is to be devoted to the care or cure of human maladies must not be half educated, whatever may be his destined career of practice." When are we ever to profit from the mistakes of medical history!

In his treatise on the *Early History of Maryland*, McSherry precisely describes the persons and events during the seventeenth and early eighteenth centuries that contributed to its spiritual and cultural growth. Great tribute was paid Lord Baltimore (George Calvert) for his beliefs and practices which tolerated all religions on an equal footing in contrast to others of the early colonial states. He delighted in



Richard McSherry as Professor of Principles and Practice of Medicine.

describing the civil and religious liberty, prosperity and peace which were the fruits in Maryland of the War of Independence. The revolution restored lost liberties to the people of Maryland.

Dr. and Mrs. McSherry had eight children; four died very young. Another, Wilhem Kilty McSherry, a Lieutenant in the United States Marine Corps, predeceased him, dying in his twenty-sixth year. Three sons, who resided in Baltimore, were Richard Meredith, Henry Clinton and Allan McSherry. Doctor McSherry's widow died December 2, 1893.

Among professional honors held by Doctor McSherry was that of first President of the Baltimore Academy of Medicine from 1877-79. He was a founding member of the Academy. Doctor McSherry was President of the Maryland Medical and Chirurgical Faculty in 1883-84 and President of the Maryland State Board of Health in 1884, important posts held just prior to his death.

Doctor McSherry's useful and honorable life ended on October 7, 1885, after a month's illness. He died of phthisis pulmonalis, now known as pulmonary tuberculosis. McSherry was the second Chairman of Medicine, along with William Power, to die of this common nineteenth century illness. A later Chairman,

Concord, N.H.
Feb. 16, 1869

My dear Sir
I have read
all the articles in the Vol.
which you kindly sent me
I think and have found
them all most interesting
and instructive, but as I
had several thoughts in
sentiment. Besides it
is refreshing to read
articles written in a style
so clear and pure.
Accept the thanks
of your friend
Franklin Pierce

Dr. Richard M. Sherry,
Baltimore, Md.

Letter to Dr. Richard McSherry from President Franklin Pierce dated February 16, 1869. (Graciously contributed by Clinton MacSherry, 704 Wyndhurst Avenue, Baltimore.)

Dr. Gordon Wilson, was disabled by pulmonary tuberculosis. Doctor McSherry died at his home, 189 North Howard Street, in his sixty-eight year. The funeral, attended by members of the medical profession and city dignitaries, was held in the Cathedral of the Assumption at 10:00 a.m. on October 8, 1885. He was buried in the family lot in the Bonnie Brae Cemetery (now the New Cathedral Cemetery, 4300 Old Frederick Road).

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SIDS Institute Dedicated

On Saturday, November 22, 1980, at the Baltimore Convention Center, over 500 supporters attended the dedication dinner of the SIDS (Sudden Infant Death Syndrome) Institute of the School of Medicine.

Dr. John C. Greene, Deputy Surgeon General of the United States—a last minute stand-in for Surgeon General Julius B. Richmond—Dr. John B. DeHoff, Commissioner, City of Baltimore Department of Health, Dr. John M. Neff, Chief of Pediatrics, Baltimore City Hospitals, and Dr. David J. Lang, Professor and Chairperson, Department of Pediatrics, UMAB School of Medicine, were among many distinguished members of the medical community attending this most successful event.

The School of Medicines's SIDS Institute, with the assistance of a \$2,800,000 grant from the National Institute for Child Health and Human Development, is the nation's first to incorporate research, education and patient care into a comprehensive study of what is commonly known as crib death.

Prior to the keynote address by Howard Cossell, Chairman of the SIDS Institute's National Board of Advisors and first recipient of the Institute's Mary Gray and William C. Cobey Award, Dean John M. Dennis explained the relationship between the SIDS Institute and the School of Medicine:

"This is an era characterized by the word accountability. Its meaning varies with circumstances but when applied to a medical school, it comes down to what do you get for what you give. We hope that the work we do at the School of Medicine carries a high benefit to cost ratio. But it is extremely difficult to determine. How can you measure the reasonable costs of quality care, improved access to care, or just more caring on the part of a physician?



Photo by Philip Szczepanski

Keynote Speaker

"I would like to be able to stand here before you tonight and assert that every dollar placed into the medical education, medical research enterprise can be traced directly to an outcome which can be valued in simple dollars and cents. Yet we are not an assembly line. The results of research do not roll off a conveyor belt like neatly punched cookies, ready to be packaged and delivered. Medical research is a long term affair characterized by endless hours of routine testing and retesting, interrupted by brief moments of exhilaration when a small breakthrough is made.

"The SIDS Institute is the newest venture for our campus. It will be funded at nearly one million dollars, a sum composed of Federal grant money, third party payors, institutional sources and private contributions. For the most part, all but the last represent fixed commitments. Flexibility must come from outside, from you and the thousands like you who share our interest in solving this highly complex medical problem.

"The SIDS Institute represents what medical schools and medical institutions are all about. It is an affirmation of the future. You have heard the phrase countless unborn generations and you've heard it used in a variety of contexts. But here tonight we are dedicating an Institute which speaks directly to the future.

"In 1866 the medical school founded the first clinic dedicated to the study of the diseases of children. We have, therefore, a long tradition of caring for tomorrow's children.

"Our medical school will soon begin its 175th year, the first school in what ultimately became the University of Maryland. It is enormously gratifying to me to know that our newest institute will carry forward the traditions of education, research and service which the University's School of Medicine established for Maryland in 1807."

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Emergency Room Physician trained in United States for 250 bed JACH approved community hospital in Central Maryland. Maryland License required. Growing service area. New facility. Approximately 20,000 visits annually. Close to Washington, D.C. and Baltimore. Salary negotiable, liberal benefit program, including one month vacation and paid malpractice insurance. Rotating schedule. Send resume to Mr. Stuart R. Herrold, Vice President, Frederick Memorial Hospital, W. Seventh Street. Frederick, Maryland 21701.

Peripheral Vascular Laboratory Promotes Non-invasive Techniques

The Peripheral Vascular Laboratory specializes in non-invasive procedures to diagnose circulatory disorders. Hemodynamic evaluation is accomplished by the utilization of a variety of electronic devices which monitor the vascular beds outside the heart.

Non-invasive techniques effectively detect and quantitate lower extremity atherosclerotic arterial disease. The continuous wave doppler allows arterial flow identification in the absence of a palpable pulse. Sound waves emitted from this instrument are reflected by moving erythrocytes and this shift in frequency can be analyzed audibly or processed by a recorder into a wave form. The normal doppler wave form is said to be triphasic. Absence of the reversal of flow or the detectable diastolic signals may be the earliest signs of disease. Attenuation of the systolic component is noted next and flow to the extremity can then be quantitated by use of segmental pressures. A blood pressure cuff is placed around the limb segment (thigh, ankle, digit), inflated to a pressure above systolic, then slowly deflated. A doppler flow signal is detected distal to the cuff when the pressure in the cuff is reduced below the pressure in the segment.

The doppler also can be effectively used to detect the presence of deep venous thrombosis. Normal respiratory variations in lower extremity venous flow disappears when blood clots are occluding the lumen of a major vein. The relatively simple doppler technique is coupled in our laboratory with impedance plethysmography (IPG) to more accurately diagnose deep venous thrombosis. This other modality measures limb volume changes through alterations in the electrical resistance across two electrodes placed on the calf. Thrombosis dampens normal limb volume changes and is easily detected by this technique. When jointly performed, the doppler and IPG are highly accurate in detecting deep venous thrombosis.

Cerebral vascular insufficiency caused by a hemodynamically significant carotid stenosis can be detected by an oculoplethysmograph. This instrument simultaneously measures the ophthalmic artery pressure of both eyes. A difference of more than 5 mm. of mercury between the eyes allows with a high degree of accuracy, the detection of complete carotid artery occlusion or high grade stenosis. This test can be easily performed with minimal discomfort to the patient.

Patients are referred for non-invasive evaluation from both the University of Maryland Hospital and the community.

The late Mr. Joseph J. Hock, as a gesture of goodwill and appreciation, donated the funds to establish the lab which is named after his late wife. The Virginia Lee Hock Peripheral Vascular Laboratory on the fourth floor of the hospital is under the direction of Dr. Luis Queral '74, assistant professor of surgery. Visitors are welcome.



Photo by Philip Szczepanski

Dr. Luis Queral, Peripheral Vascular Laboratory Director, discusses a test with Chief Technician Meg Guley.



PROGRAM OF CONTINUING EDUCATION

Future Courses 1981

January 30,

Movement Disorders, University of Maryland at Baltimore (UMAB)

February 13-15,

Workshop on Sexuality and Intimacy, UMAB

February 19-March 25, 1981

Selected Topics in Family Practice, Part II, UMAB

March 30-April 1, 1981

Internal Medicine, Convention Center, Holiday Inn Downtown

April 10-11, 1981

Advances in Hematology, UMAB

April 10-12, 1981

Workshop on Sexuality and Intimacy, UMAB

May 8-9, 1981

Current Controversies & Techniques in Congenital Heart Surgery, Convention Center, Holiday Inn Downtown

June 18-19, 1981

Geriatric Psychiatry, UMAB

June 25-27, 1981

Dermatology Days, Carousel, Ocean City, Md.

June 28-July 3, 1981

7th Annual Family Medicine Review Course, Carousel, Ocean City, Md.

MIEMSS Holds Trauma Center Development Course

The development of regional emergency medical services (EMS) systems and trauma centers has been a major thrust by the federal government over the past three years. Much of the activity in these areas has been modeled after the University of Maryland EMS Program. Ten years ago the University of Maryland, through the Maryland Institute for Emergency Medical Services Systems (MIEMSS), began the first steps in developing a statewide EMS program and in implementing a Shock Trauma Center at UMAB.

Subsequently, MIEMSS has been recognized by the entire country as a successful model in these areas; recently, MIEMSS has been inundated with requests for advice and support in developing comprehensive EMS/trauma programs. Unfortunately, as the clinical center and the field programs of MIEMSS have become more sophisticated it has become increasingly difficult to honor the deluge of requests to visit the program at UMAB. As a consequence, MIEMSS, in conjunction with the Program of Continuing Medical Education of the University of Maryland School of Medicine, developed a week-long educational course entitled "EMS Systems and Trauma Center Development."

A predecessor of this course was held in Baltimore in June, 1980 attended by some 80 individuals, taking with them basic information concerning the first steps in implementing EMS/trauma systems. The recent week-long course on EMS Systems and Trauma Center Development was presented in St. Thomas, the U.S. Virgin Islands.

The course, as developed by Dr. Alexander Kuehl, the director of medical affairs and medical education at MIEMSS, was structured to supply the information necessary for local EMS agencies and hospitals to develop further expertise in establishing local programs similar to the prototype here in Maryland.

In the course Dr. Kuehl was able to bring together the essential administrators, planners, and clinical program directors at one meeting. Through a series of mini-lectures the essence of the MIEMSS experience and the complicated interrelationships of the MIEMSS programs were described in depth. Small group discussions and workshops were arranged so that solutions to the unique problems facing local agencies and hospitals could be solved.

Air Pollution and Chronic Lung Disease

Bernard P. Farrell, M.D.

The automobile is a major source of air pollution in urban areas. Automobile exhaust fumes consist primarily of carbon monoxide, oxides of nitrogen and hydrocarbons. In the presence of sunlight the oxides of nitrogen and hydrocarbons form ozone. Ozone is a respiratory irritant and low concentrations have been shown to adversely affect pulmonary function.

Ozone occurs to a greater or lesser extent in the air of most urban communities in the summer when there is an abundance of sunlight and automobiles. Los Angeles has the greatest excess of automobiles and sunlight, and not surprisingly, ozone. Ozone concentrations have been as high as 0.7 ppm in the Los Angeles area, and as recently as 1979 levels of 0.4 ppm have been recorded. Ozone may be a hazard of air travel; significant levels of ozone have been detected in the cabins of commercial jet aircraft.

The effects of ozone on pulmonary function have been studied in the environmental chamber in the Bressler Research Building under sponsorship of the Division of Pulmonary Diseases of the Department of Medicine. The first

study, completed in 1975, evaluated the effects of 0.5 ppm O₃ for six hours on pulmonary function in smokers and non-smokers. A significant reduction in pulmonary function occurred in the non-smokers but not in smokers. Epidemiological studies have shown an increase in mortality and morbidity among those with chronic obstructive lung disease during the great London fogs of the 1950's; the offending pollutants were SO₂ and particulates. However, no such increase in mortality or morbidity has been attributed to high atmospheric levels of ozone, despite the fact that acute changes in pulmonary function have been demonstrated following short term exposure to low levels.

Most persons with chronic bronchitis and emphysema smoke, and the environmental chamber studies showed that normal smokers do not react as a group to low concentrations of ozone. The question was raised as to why ozone caused no increase in exacerbations of chronic bronchitis. The objective of our study was to try and answer this question.

Eight volunteers were recruited with chronic

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Each 2½ day workshop is designed to assist professionals to:
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DATE: **LOCATION:**
Scheduled to be held University of Maryland
3 separate times: School of Medicine
December 12 - 14, 1980 Medical School Teaching Facility
February 13 - 15, 1981 Baltimore, Maryland
April 10 - 12, 1981

FOR FURTHER INFORMATION:



Program of Continuing Education
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Advances in Hematology

Friday & Saturday April 10 & 11, 1981

At The
University of Maryland
School of Medicine
Baltimore, Maryland

Sponsored by the
Division of Hematology & Oncology
Department of Medicine
University of Maryland
School of Medicine
Baltimore, Maryland

"Advances in Hematology" is a symposium designed for internists, hematologists and oncologists. It focuses on recent advances in hematology and explores various controversies in diagnosis and management of hematologic disorders. There will be sessions on 1) the red cell 2) coagulation and platelets and 3) hematologic malignancy.

For further information:



Program of Continuing Education
University of Maryland
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10 South Pine Street
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(301) 528 3956

bronchitis who had evidence of airway obstruction by spirometry and smoked cigarettes daily. We exposed them to 0.4 ppm ozone for three hours per day for two consecutive days. Measurements of pulmonary function after exposure on each day were compared to control values. Significant reductions were found in forced vital capacity (FVC), forced expiratory volume in one second (FEV₁) and forced expiratory volume in three seconds (FEV₃).

These data suggest that although normal non-smokers suffer no decrement in pulmonary function following exposure to low levels of ozone, those smokers with chronic bronchitis do suffer a reduction in pulmonary function. It is not clear why there is a difference. Perhaps those persons who have reactive airways develop chronic bronchitis with obstruction; or possibly the development of airway obstruction is accompanied by an increase in reactivity. We do not understand why there is a failure to show an increase in acute exacerbations among these patients during periods of high ambient ozone concentrations. Whatever the reasons for this dicotomy, until the issue is resolved, it is prudent for patients with chronic bronchitis to avoid exertion and remain indoors during atmosphere ozone alerts.

7TH ANNUAL FAMILY MEDICINE REVIEW COURSE

JUNE 28 - JULY 3, 1981

Carousel Hotel
Ocean City, Maryland

Sponsored By The:

Department of Family Medicine
University of Maryland
School of Medicine

And The

Program of Continuing Education
University of Maryland
School of Medicine

For Further Information:

 Program of Continuing Education
10 South Pine Street, Baltimore,
Maryland, 21201 - (301) 528-3956

Dermatology Days

JUNE 25, 26 & 27, 1981

Carousel Hotel
Ocean City, Maryland

Sponsored by the
Division of Dermatology
Department of Medicine
University of Maryland School of Medicine

DERMATOLOGY DAYS will be composed of two concurrent symposia, one for the practicing generalist (internist, pediatrician and family physician), the second symposium is designed to help individual dermatologists. Dermatology Days is a symposium designed to help individual practitioners become aware of some of the most effective methods of diagnosis and management of dermatological problems as well as some of the newest advances in the field of dermatology. The course will focus on the use of live patients and much of the content will be derived from discussion of the actual cases presented.

In summary, this course will provide a comprehensive up-to-date exposure to many of the problems as well as current trends involved in the diagnosis and management of dermatological problems.

For further information contact:

Program of Continuing Education
University of Maryland
School of Medicine
10 South Pine Street
Baltimore, Maryland 21201
(301) 528-3956

INTERNAL MEDICINE ADVANCES AND REVIEW MARCH 30 — APRIL 1, 1981

Presented By:
The Departments of Medicine
University of Maryland School of Medicine
and the
Baltimore Veterans Administration Hospital

Location:
The Baltimore Convention Center, Baltimore, Md.

This intensive three day course has been designed to familiarize internists and medical practitioners in a broad spectrum of current developments in internal medicine.

The faculty will emphasize new concepts and review relevant clinical material to facilitate problem solving and intervention in the care of patients.

Individuals who are preparing for board examinations in internal medicine will also find this program beneficial.

FOR FURTHER INFORMATION CONTACT:

 PROGRAM OF CONTINUING EDUCATION
UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE
10 SOUTH PINE STREET
BALTIMORE, MARYLAND 21201, (301) 528-3956

Premier Parents and Progeny In The Davidge Alliance

Alumni of the School of Medicine have set another record in their support of the school. The medical school is the first University of Maryland component to claim not one but three alumni parents and progeny combinations who enjoy membership in the John Beale Davidge Alliance as well as the University's Presidents Club.

Dr. Bernard S. Kleiman, Class of 1939, practices otolaryngology in Baltimore. His son, Dr. Jeffrey A. Kleiman, Class of 1980, is a family medicine resident at Cincinnati General Hospital. Kleiman support of the University of Maryland at Baltimore additionally manifests itself in the membership of Dr. Kleiman's other son, Dr. Stephen E. Kleiman, Dental School, Class of 1976, in the Hayden/Harris Associates, the Dental School's equivalent of the Davidge Alliance.

Dr. Eli Galitz, Class of 1943D, who served as chairman of the 1979 Annual Giving campaign, practices family medicine in Miami, Florida. His son, Dr. Richard M. Galitz, Class of 1980, is a general surgery resident at the Eastern Virginia Graduate Medical Center.

Dr. Benjamin M. Stein, Class of 1935, and his son, Dr. Douglas N. Stein, Class of 1977, manage their private Brunswick Hospital Center in Amityville, Long Island, New York. Every other year they host a University of Maryland School of Medicine program.

There is only one other parents and progeny combination in the University-wide Presidents Club and it touches the School of Medicine: William W. and Mary Gray Munroe and their medical school graduate son, Dr. Elwood A. Cobey, Class of 1977. They also enjoy Davidge Alliance membership as friends and alumnus. Mr. and Mrs. Cobey's generosity benefited the School of Medicine's Department of Pediatrics by establishing the Mary Gray Munroe Memorial Fund and providing almost \$70,000 for research into the sudden infant death syndrome. Dr. Cobey currently practices obstetrics and gynecology for the United States Army at Tripler Hospital in Hawaii.

A parents and progeny membership in the John Beale Davidge Alliance may be obtained in three ways: an outright gift of \$20,000, an annual contribution of \$2,000 a year for ten years, or a testamentary commitment of \$60,000.

Prior to the Annual Meeting of the AATS

CURRENT CONTROVERIES AND TECHNIQUES IN CONGENITAL HEART SURGERY

May 8 - 9, 1981 In Baltimore, Maryland

Sponsored by:

University of Maryland School of Medicine
Divisions of Cardiovascular Surgery and Pediatric Cardiology
American Heart Association, Maryland Affiliate

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GUEST PARTICIPANTS

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Frederick Bowman, New York City, NY
Gerald Brom, Leiden, Netherlands
Alan Carpenter, Paris, France
Gordon Danielson, Mayo Clinic, MN

Paul Ebert, San Francisco, CA
Francis Fontan, Bordeaux, France
James Malm, New York City, NY
Albert Pacifico, Birmingham, AL
Lucio Parazzani, Bergamo, Italy
Jaroslav Stark, London, England

For further information contact:



How The School of Medicine Stacks Up Against The Prestigious Private Schools In Alumni Support

In addition to the \$209,775 received by the Medical Alumni Association, another \$113,032 in alumni support was received through the School of Medicine. So the UMAB medical school received a total of \$322,807 from alumni in the past academic year.

This marks the first time in the three-year history of School of Medicine/Medical Alumni Association fund raising that our alumni support exceeded what graduates of such prestigious private medical schools as Yale and Johns Hopkins gave to their alma maters.

Donors who might be classified as friends of the School of Medicine provided an additional \$346,563 for the School of Medicine.

PRESIDENT'S MESSAGE

Raymond J. Donovan, Jr., M.D.

LAUGHTER

We live in an era in which discontentment with work seems all pervasive. "Thank God it's Friday" generates little disagreement, and might replace the current motto on our de-valued currency.

I have ceased to ask during lulls in cocktail conversation, "Do you like your work?"—since the response is also homogeneously depressing. However, I have an impression that the vast majority of physicians form an aberrant minority group, in sharp distinction to the "anti-labor" segment of contemporary society. The bulk of us like our work, and in spite of rare petulant grumblings consider it our good fortune to be doing something we like.

I believe there is more to our contentment than just the work. I believe it has much to do with a balance in our lives. W. H. Auden in his introduction to "The Star Thrower" puts laughter—the spirit of carnival—into perspective. According to Auden, successful lives must bring into harmony and balance the three worlds of Work, Worship, and Carnival.

"Having it together" (or not) has entered and been retained in the vernacular—for better or worse. Will Durant put it differently, but well, in saying, "For humor is based on perspective which is the secret of philosophy." We have a unique opportunity to observe and contemplate with wonder and awe biologic phenomena in health and disease. But the cutting edge of a healthy perspective requires appreciation of the balance between sadness and joy, pathos and laughter, sorrow and carnival. Inasmuch as these elements are in balance, we like

our work and bring to it the best of ourselves.

When alumni tell us that they are grateful to the Medical School, I believe that they are referring primarily to the gift of perspective during student years, rather than an access to material acquisitions.

Memories of the stress of an anatomy exam are balanced with those of the party at the Nu Sigma Nu house. Memories of the creature comforts during OB rotation are balanced by the humor arising from the attempts of the embryological physician to obtain a valid history and physical.

So our gratitude to our Alma Mater is in large part related to the opportunities given to put things in perspective and achieve a balance between the worlds of Work, Worship, and Carnival that renders T.G.I.F. irrelevant to our lives.

So as we look forward to Alumni Day 1981 (May 27-28), we look forward to laughter and to sharing both Work and Carnival with colleagues and classmates. Three hundred years ago John Milton said it in "L'Allegro," and I do not know how to say it better.

*Hence loathed melancholy . . .
Haste thee nymph, and bring with thee
Jest and youthful jollity,
Quips and cranks, and wanton wiles . . .
Sport that wrinkled care derides,
And laughter holding both his sides.*

Looking forward to seeing you May 27-28, 1981.

After publishing the Honor Roll . . .

We strive for perfection, but alas, we have erred. We apologize to

- **George H. Greenstein '50** who was listed with the class of 1963
- **Lawrence M. Tierney '36** who was omitted from the Deans' List
- **Gerald A. Hofkin '61** who was omitted from the Deans' List
- The Class of 1943D total contributions should have appeared as \$8,710

The Dr. Theodore E. Woodward
Tribute Fund Committee
and the
School of Medicine
University of Maryland at Baltimore
and the
Medical Alumni Association
of the
University of Maryland
take great pleasure
in announcing
the successful completion
of the endowment of the
Dr. Theodore E. Woodward
Professorship in Medicine



Theodore E. Woodward

In recognition of the many contributions of Dr. Theodore E. Woodward, M.D., to the education, research and service programs of the University of Maryland School of Medicine and Hospital and to foster the tradition of teaching excellence which is synonymous with his name, the Dr. Theodore E. Woodward Professorship has been established in his name. Dr. Woodward, School of Medicine, Class of 1938, joined the faculty in 1946 and became Professor and Chairman of the Department of Medicine in 1954.

The fund's initial level of support has been reached as a result of generous gifts from colleagues, friends, students and patients. Over \$250,000 in contributions-in-hand and authenticated pledges have been processed.

Under the current terms and conditions of the endowment, its income will supplement the annual State of Maryland salary for the member of the Department of Medicine who is named the Dr. Theodore E. Woodward Professor. The criteria for election to the Professorship will be demonstrated excellence in teaching. The award will be made for a renewable two year term.

Should additional contributions increase the value of the principal and achieve a higher level of support, the endowment can move from the funding of a professorship to the funding of a chair in the name of Dr. Theodore E. Woodward.

1920's

Jacob H. Conn '29, of Baltimore, has completed 50 years in the private practice of psychiatry and is teaching medical hypnosis at The Johns Hopkins University School of Medicine. His paper, "The Principles and Practices of Medical Hypnosis," was presented at a recent meeting of the Medical and Chirurgical Faculty of Maryland.

1930's

Herbert Berger '32, practicing in Staten Island, is vice president of the New York Academy of Medicine.

J. George Diamond '32 is a consultant in family practice at Muhlenberg Hospital, Plainfield, New Jersey.

Harry C. Hull '32, professor of surgery at the School of Medicine, has been named professor emeritus. He is responsible for pioneering the Department of Surgery and played a significant role in the development of the school as a whole through his administrative skills.

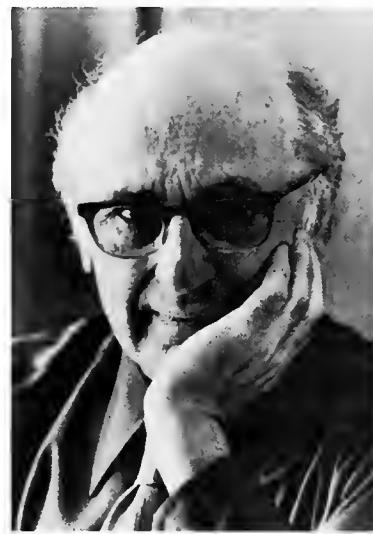
Myron L. Kenler '33, of Lauderhill, Florida, retired following 10 years in student health service at the University of Miami.

Milton H. Adelman '35, of Scarsdale, retired from private practice, is a consultant in anesthesiology to the Mount Sinai Hospital, New York, and clinical professor emeritus at the Mount Sinai School of Medicine. He is also consultant to the Law Department of the City of New York.

I. Phillips Frohman '37, Washington, D.C., was re-certified by the American Board of Family Physicians.

Ephraim T. Lisansky '37, was appointed clinical professor emeritus in the School of Medicine. Well known for his work in psychiatry and internal medicine, he is the first faculty member to achieve emeritus status in two departments. He is also recognized for his work with the American College of Physicians and was the first practicing internist to receive the William C. Menninger

Memorial Award from the college for his outstanding contributions to mental health.



Dr. Schmidt '37

J. E. Schmidt '37, Charlestown, Indiana, writes that he is basically a medical lexicographer and has published some 24 books during the past quarter century. His most outstanding achievement, he feels, is the *Attorneys' Dictionary of Medicine*, a 3-volume set in its 16th edition. In a radical departure from his principal work, he invented and patented a bra for women who have had mastectomies.

John J. Bunting '38, practicing internal medicine in Houston, Texas, and a diplomate of the American Board of Internal Medicine, was recipient of the AMA Physician's Recognition Award in Continuing Education.

1940's

The Class of 1941 is planning a Reunion (40th) in conjunction with the Annual Alumni Reunion on May 27-28, 1981. All those class members who are interested contact Pierson M. Checket, 4024 Essex Road, Baltimore, Maryland 21207, telephone (301) 636-3030.

1950's

Raymond L. Clemmens '51, professor in the Department of Pediatrics, along with Thomas J. Kenny, Ph.D., co-authored *Behavioral Pediatrics and Child Development*, in its second printing by Williams and Wilkins Co., Baltimore.

Representing the Medical & Chirurgical Faculty of Maryland, **John M. Krager '52** is chairman of the Maryland State School Health Council. The council is an advisory board to the superintendent of schools and the secretary of health and mental hygiene on all matters relating to school health in Maryland.

Joseph R. Bove '53, New Haven, Connecticut, was recipient of the John Elliott Memorial Award, presented by the American Association of Blood Banks, in recognition of his contributions towards establishing standards for blood banks and transfusion services.

Dr. Bove is professor of laboratory medicine at Yale University School of Medicine and director of the blood bank at Yale-New Haven Hospital.



Dr. Bove '53

Vincent J. Fiocco, Jr. '57 is president of the Medical & Chirurgical Faculty of Maryland (the Maryland State Medical Society). His election caps a distinguished career with the Faculty in which he has held numerous appointments. An internist, he is chief of medicine at the Carroll County General Hospital. Dr. Fiocco is certified by the American Board of Internal Medicine and is a fellow of the American College of Physicians.

Dr. Fiocco resides in Westminster, Maryland, with his wife Mardi, and his children, Vincent III, Michael, Kathleen, Peter and Ann.



Dr. Bormel '57

Paul Bormel '57 is president of the medical staff at St. Agnes Hospital, Baltimore. He did post-graduate work in urology in Paris, France and Vienna, Austria and was chief of urology at the United States Army 34th General Hospital in Orlean, France. He was a consultant urologist for the United States Army in Europe. Dr. Bormel is a fellow of the American College of Surgeons and holds membership in numerous professional societies. He has prepared many publications in urology and made presentations to a number of medical societies, including the AMA and the Middle Atlantic Urological Association.

Frederick W. Plugge IV, Colonel, USAF '57 in command of the Air Force Hospital at Wiesbaden, Germany, is also senior consultant in surgery to the Air Force Surgeon General. He recently received the Legion of Merit and the Meritorious Service Medal. Last year, Dr. Plugge was made a fellow of the Association of Surgeons of Great Britain.

1960's

Michael J. Fellner '60, practicing dermatology in New York, published his first book, *Immunology of Skin Diseases*, released in October 1980 by Elsevier-North Holland Publishers. The book is designed for use by general practitioners, internists and residents.

1970's

Allen R. Myers '60 is professor of medicine and deputy chairman in the Department of Medicine at Temple University School of Medicine, Philadelphia, Pennsylvania.

Morton E. Smith '60, on the faculty in the Department of Ophthalmology at Washington University School of Medicine, St. Louis, Missouri, is chairman of the Ophthalmic Pathology Committee of the American Academy of Ophthalmologists.

Anthony J. Young '61 is in the private practice of internal medicine in Ellicott City, Maryland. He is also a member of the Maryland Air National Guard, with the rank of lieutenant colonel.

Gustavo A. Colon '64, is president-elect of the Louisiana Society of Plastic and Reconstructive Surgeons. He is chief of staff at East Jefferson General Hospital and resides in Metairie, Louisiana.

Frances M. Dyro '67 is currently teaching and directing a clinical neurophysiology laboratory at the VA Medical Center in West Roxbury, Massachusetts.

Robert S. Widmeyer '68 has relocated his orthopedic surgery practice to Roanoke Orthopedic Clinic, 1240 Third Street, S.W. Roanoke, Virginia 24016.

Stephen L. Winter '68 was promoted to associate professor in the Department of Medicine (section of gastroenterology) at the University of Illinois.

Kenneth C. Ullman '69 is clinical associate professor of psychiatry at Georgetown University School of Medicine, Washington, D.C.

Gary D. Plotnick '66, associate professor in the Department of Medicine, was awarded a grant-in-aid by the American College of Angiology to serve as a distinguished teacher at their annual meeting in San Diego, California.

P. David Myerowitz '70 is a fellow in the American College of Cardiology. Currently residing in Madison, he is assistant professor of thoracic and cardiovascular surgery at the University of Wisconsin.

John C. Harris '72, Aurora, Colorado, is director of occupational and environmental health at the Denver Clinic, Denver, Colorado.

Nelson Hendlar '72 has published two books, *Coping With Chronic Pain*, Clarkson Potter, 1979, and *The Diagnosis and Non-Surgical Treatment of Chronic Pain*, Raven Press, 1980. The latter is a textbook designed for physicians, psychologists, nurses, etc.

Michael H. Wojtanowski '74 completed a residency in plastic and general surgery at Case Western Reserve University Hospital and has recently entered private practice of plastic and reconstructive surgery in Cleveland, Ohio.

Luis Queral '74, assistant professor in the Department of Surgery, is a fellow of the International College of Surgeons.

Thomas C. Doerner '74 is a fellow in the American College of Cardiology. Residing in Los Angeles, he is currently in the practice of internal medicine and cardiology in Torrance and Gardena, California.

Michael B. Stewart '75 served 20 months in the Indian Health Service in Arizona and is now chief of primary health services at the United States Public Health Service Hospital in Baltimore.

Donald J. Gordon '77 completed a residency in emergency medicine and is now chief of the Acute Minor Illness Clinic at Brooke Army Medical Center where he is assistant residency director.

Edward J. Kowalewski, M.D., professor and chairman of the Department of Family Medicine has been awarded one of the highest honors bestowed by the American Academy of Family Physicians. The John G. Walsh Award is given only when the academy considers it warranted, rather than annually, on the basis of "long-term, dedicated and effective leadership in furthering the development of family medicine."

Dr. Kowalewski joined the faculty of the School of Medicine in 1971 as professor and chairman of the family medicine program, the second such program to be organized nationally. He worked during the early years of family medicine to establish rigorous standards for the new discipline and to gain understanding and support for its concept from other organized specialty groups.

Dr. Kowalewski was president of the American Academy of Family Physicians as well as president of the medical board at University of Maryland Hospital.

A \$1.4 million, three-year grant from the National Institute of Neurological Communicative Diseases and Stroke has financed a clinical stroke research center at the University of Maryland. One of 12 in the country, the center will develop methods of prevention and treatment of stroke. An important by-product will be the education of students, house officers and new investigators about stroke.

As the result of a separate contract with NINCDS, the University of Maryland is collaborating on a Stroke Data Bank project with four other institutions around the country (Boston University, Duke University, University of South Alabama and U.C.L.A.). Stroke data bank investigators systematically collect various information about stroke patients to be used in providing better patient care and treatment in the future. **Thomas R. Price, M.D.**, principal investigator of the Stroke Data Bank, explained, "Many questions asked by stroke patients and their families about prognosis which are currently answered on the basis of the physician's experience can soon be answered on the basis of formal data from the stroke data bank."

The first **Harle V. Barrett Memorial Lecture in Epidemiology and Preventive Medicine** was delivered by Dr. Robert J. Haggerty, president of the William T. Grant Foundation and clinical professor of pediatrics at Cornell University Medical College.

Dr. Haggerty spoke on "Stress and Illness." He discussed the complex interplay of "hassles" and "uplifts" in daily life and the need for increased individual and social support to help cope with the stresses of daily living.

Faculty and residents of the Department of Epidemiology and Preventive Medicine had the opportunity to discuss the methodologic problems in measuring stress and coping, and problems of integrating preventive medicine components into clinical training programs with Dr. Haggerty.

Dr. Harle V. Barrett, for whom the lecture is named, was associate professor of preventive medicine until his death in 1979 at age 61. In his memory, his friends and colleagues established a lecture fund.

Mordecai P. Blaustein, professor and chairman of the Department of Physiology, participated in the Second Nobel Conference in Stockholm, Sweden. Dr. Blaustein's symposium lecture was "Excitation-Secretion Coupling: The Role of Calcium." While in Europe, Dr. Blaustein visited Dr. Gabriel Pinter, professor in the Department of Physiology, who is a guest scientist at the medical school in Hanover, West Germany. In Hanover, Dr. Blaustein lectured on "The Salt Connection: Sodium, Ions, Calcium Transport and Hypertension." He also visited the Max Planck Institute and lectured on "Recent Experiments on the Mechanics of Sodium-Calcium Exchange."

Dennis K. Wentz, former house staff and faculty member, is associate dean for clinical affairs in the School of Medicine at Vanderbilt University and is director of medical services at Vanderbilt University Hospital.

The first **Drs. Samuel Steinberg and H. Boyd Wylie Lecture in Biological Chemistry** was given by Gerald Weissmann, M.D., a leading scholar in the field of biomedical sciences. Dr. Weissmann, a professor of medicine and director of the Division of Rheumatology at New York University Medical Center, spoke on "Leukergy Rediscovered: Neutrophils in Inflammation" and "Calcium in Cell Activation."

Samuel Steinberg '36 established the Steinberg-Wylie lecture in memory of H. Boyd Wylie, a 1912 graduate of the Baltimore Medical College. Dr. Wylie served as professor and chairman of the Department of Biochemistry and as dean of the School of Medicine.

On December 18, 1979, at the age of 90, **Nolan D. C. Lewis '14**, Frederick, Maryland. Dr. Lewis, noted researcher, teacher, administrator and pioneer in the investigation of schizophrenic disorders, was one of the early recipients of the Medical Alumni Association's Honor Award and Gold Key for outstanding achievements, particularly in his administration of the psychiatric institute of Columbia University in New York.

On September 22, 1980, at the age of 73, **Samuel Daniel Blum '32**, New York, New York. A retired lieutenant colonel in the United States Army, Dr. Blum was associate professor of radiology at New York Medical College and associate radiologist at Metropolitan Hospital, New York City.

On February 8, 1980, at the age of 64, **William Dennis McClung '40**, Lewisburg, West Virginia. A flight surgeon in World War II, Dr. McClung attained the rank of Lieutenant Commander. Following a surgical fellowship at Lahey Clinic in Boston, Massachusetts, he practiced general surgery until his death.

On December 20, 1980, at the age of 63, **A. Allan Spier '43**, Timonium, Maryland. Dr. Spier was in the private practice of internal medicine for 25 years prior to becoming staff physician at The Keswick Home, Baltimore, Maryland, in 1974. He served in the United States Army Medical Corps during World War II.

On October 27, 1980, at the age of 55, **William S. Womack '48**, Salisbury, Maryland. Former chief of obstetrics and gynecology at Peninsula General Hospital, Easton, Maryland, Dr. Womack was medical officer in the United States Air Force during the Korean War.

On October 6, 1980, at the age of 63, **Vernon E. Krahl, Ph.D.**, Baltimore, Maryland. A retired career research professor of anatomy, Dr. Krahl joined the University of Maryland faculty as an instructor in 1944 and was awarded his doctorate of philosophy in anatomy by the University in 1946. Dr. Krahl was appointed full professor in 1960, received an N.I.H. career grant in 1962 and, owing to ill health, retired from the University in 1976.

Specializing in the lungs and heart, Dr. Krahl developed a treatment with drugs for

hyaline membrane disease. He very successfully combined a career in research and teaching having lectured at medical schools in this country and abroad.

On December 8, 1980, at the age of 93, **Samuel E. Enfield '13**, Cumberland, Maryland. Dr. Enfield retired in 1962 after 48 years of practice as a physician and surgeon.

F. T. Rogers '35, Knoxville, Tennessee

Philip L. Dixon '42, Rocky Mount, North Carolina

Peter Mamula '43, Los Angeles, California

Angel N. Miranda '43, New Rochelle, New York



Where Are They Now

Wiesbaden? Altoona? Paris? Annapolis?

George W. Gault	'10	E. O. Hendrickson, III	'46	Thomas M. Hill
John J. H. Hilton	'12	Charles R. Starling	'52	Loudon Kiracofe
Rafael Bernabe	'13	Richard F. Leighton	'55	Joel A. Krackow
Jose R. Echeverria	'14	David L. Davidson	'56	Samuel E. Press
Hilary D. Ketcherside	'17	Robert G. Muth		Dudley A. Raine, Jr.
John Zaslow	'24	Mary C. Burchell	'57	Michael J. Rokoff
Helen S. Swank	'27	Jon B. Glazier	'59	Kurt P. Sligar
Ann P. Kent	'33	Robert T. James		
George Schocket		Jorge O. Just-Viera		
Regis F. Downey	'34	Herbert Ribner		
Michael L. Keller	'35	Karl W. Davenport	'61	
Samuel Pillar	'39	Maurice M. Davidson		
Morton Hecht, Jr.	'40	Jerome J. Mahoney		
C. Louis Jorgensen		Brantley P. Vitek		
Philip Zieve	'42	Robert D. Piat	'63	M. W. Benenson
Jose G. Deperalta	'43	Hector L. Rodriguez		Richard A. Keech
M. A. Iguina-Jimenez		Mona B. S. Belinic		A. Curtis Nordgren
Peter Mamula		Henry H. Bohlman		John M. Shaw
Devoe K. Meade		Dominic Culotta		
Angel N. Miranda		John Howard Lutz		
		Jose D. Quinones		
		William E. Schwartz		
		N. Pereyo Torrellos		
		Jeffrey D. Aaron	'65	
		Dana Harry Clarke	'66	
		Richard S. Glass		

Graduates of the University of Maryland School of Medicine can be found across the country and around the world. Did you know that a University of Maryland medical alumnus commands the U.S. Air Force Hospital in Wiesbaden, West Germany (see page 24)?

The Medical Alumni Association tries to keep track of your classmates as their careers progress. Sometimes, however, the Association staff loses contact when an alumnus moves from one place to another.

If you know the address of any of the alumni listed below, please write or call the Medical Alumni Association, 522 West Lombard Street, Baltimore, Maryland, 21201. 301-528-7454

John B. Kramer
Elliot S. Kramesy
Robert J. Neborsky
Robert I. Ostroffy
Paul T. Rogers
William O. Samuels

'73

Eileen Scherl

'74

Jonathan M. Bedri
Richard Block
William Crawford
Ira S. Dietz
Edward S. Gratz
Laslo E. Kolta
Albert M. Lai
Andrew P. Lang
Philip A. Levin
Merrill B. Lewis
Steven R. Matz
Terrence McHugh
Stephen E. Metzner
Barbara D. Milton
Eris S. Orwell
Bruce J. Rounasville
Michael S. Rudman
Lawrence R. Swink
Thomas E. Walker

'75

Charles E. Andrews
Fred Carl Ashman
Mark S. Austerlitz
Timothy J. Byrnes
John H. Carrill
Seth B. Cutler
Karl W. Diehn
David G. Fisher
Louis Fox

Benjamin Glaser
Albin W. Harris
Dorothy Shih-yi Hsiao
Gillian G. Karatinos
Mary Lou Kramer
Sandra D. Lavoie
Charles E. Manner
Robert B. McDaniel
Jack L. Mostwin
R. David Rose
James L. Ruessler
Susan F. Schwartz
Richard M. Silberg
Terry A. Teplitz
Jill Rosetta Varni
Robert A. Vegors
Louis E. Wehren
Leigh F. Wheeler, Jr.
Julius D. Zant

'76

Stephen P. Adams
Ophelia B. Clarke
Jonathan E. Cooper
Gurudarshan S. Debusky
Allan Freidman
Patricia D. Kellog
Robert F. Kerns
David L. Kreisher
Lin Kuo Kuang
Dennis W. Lennox
Barry K. Levin
Robert Major
Richard P. Moser
Wallace B. Obenshain
Bridget O. Roberts
Larry R. Rosenthal
David A. Shaller
Moshe J. Shmuklarsky
Sharon D. Sibert
Jay A. Starling
Bruce L. Tannenbaum

William B. Tauber
Barry N. Vogelstein

'77
Katherine Ackerman
Mark D. Andrews
Richard Bacharach
Jonathan Bass
Stuart Bell
Kendall (Faulkner) Bennett
Michael Bey
Gerald Goldstein
John Herring
Richard Kelmenson
Glenn Merewitz
Ellis Mez
Michael Pistole
Barry Raskin
Garry Ruben
William A. Shapiro
Sue Thompson
Jonathan Walburn
James Wilkie
Robert Wise

'78

Joan M. Bathon
Charles W. Bennett
Louis J. Domenici
Franklin M. Douglas
Laurence A. Doyle
Marianne N. Fotiadis
Andrew P. Fridberg
Richard S. Lapinsky
Andrew R. McCullough
Jeremy S. Musher
Sharon Lee Senko Reilly
Cheryl A. Rubin
David L. Strauss
Ronald E. Thomas
Stephen A. Valenti
Renee A. Waschler
Reva M. Watson
Roman Wong

Tentative Plans for 1981 Reunion

Wednesday, May 27, 1981

12:00 noon-3:00 p.m.	First Abraham H. Finkelstein Memorial Lecture	Auditorium Medical School Teaching Facility (M.S.T.F.)
3:00-4:00 p.m.	Reception for lecture participants	Student Commons M.S.T.F.
6:00-10:00 p.m.	Registration Alumni Cocktail Reception (Complimentary)	M.S.T.F.

Thursday, May 28, 1981

8:00 a.m.	Registration Continues Continental Breakfast (Complimentary)	M.S.T.F.
9:00 a.m.	Annual Business Meeting Presentation of 25-Year Certificates	Auditorium, M.S.T.F.
11:00 a.m.	Tour of the School of Medicine	
11:30 a.m.-1:00 p.m.	Cold Buffet Luncheon (Complimentary)	M.S.T.F.
12:30 p.m.	Second Annual John Beale Davidge Alliance Luncheon (members only)	Howard Hall Towers
1:00-4:30 p.m.	Scientific Session (CME Accredited) "Current Developments in Diagnostic Radiology"	M.S.T.F.
7:00 p.m.	Alumni Reception	Hunt Valley Inn
8:00 p.m.	Dinner and Short Program Presentation of Honor Award and Gold Key Presentation of 50-Year Certificates Dancing and Open Bar	

Reunion Class Captains

1931	Rachel K. Gundry 5002 Frederick Road Baltimore, MD 21229 644-9917	1956	John B. Littleton 2012 Dumont Road Timonium, MD 21093 285-2110
	Raymond F. Helfrich 519 Lynhurst Avenue Baltimore, MD 21229 945-3968	1961	Nina Vann Jeanes 15410 Partnership Road Poolesville, MD 20837 299-2338
1936	Gibson J. Wells 17 Ruxview Court, 301 Ruxton, MD 21204 823-3861	1966	Richard M. Susel 1001 Pine Heights Avenue, #101 Baltimore, MD 21229 644-9515
1941	Pierson M. Checket 4024 Essex Road Baltimore, MD 21207 945-1600	1971	George M. Brouillet, Jr. 3455 Wilkens Avenue Baltimore, MD 21229 646-2666
1946	James A. Roberts 8907 Georgia Avenue Silver Spring, MD 20910 588-2050	1976	Harry C. Knipp 5234 Old Frederick Road Baltimore, MD 21229
1951	William G. Esmond 800 Country Club Road Havre de Grace, MD 21078 566-3710		

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NOTES for the NEWS

The BULLETIN likes to keep track of Alumni in the news. Have you changed jobs recently or relocated? Have you published, had honors bestowed or been involved in civic activities?

Send information, clippings and photos to:

*Merrill J. Snyder, Ph.D.
Editor, BULLETIN
University of Maryland
School of Medicine
522 W. Lombard Street
Baltimore, Maryland 21201*

Name _____ Class _____

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BULLETIN

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ABOUT THE COVER: By honoring women who have achieved "firsts" at the University of Maryland School of Medicine, Byruth King Lenson-Lambros '27 (who, through a testamentary commitment, became the first woman to establish an endowed lectureship at the School of Medicine), Eva F. Dodge '25 (first woman to receive the Medical Alumni Association's annual Honor Award and Gold Key), Virginia Huffer '50 (first female to serve as president of the Association), Bernice Sigman '60 (first female associate dean in the School of Medicine), and Jean D. Goral (first woman to serve as executive director of the Association), the *BULLETIN*, in effect, honors all our distinguished women in medicine. We are proud of their continuing accomplishments.

Cover drawing by William Albanese, B.F.A.

WOMEN IN MEDICINE SPEAK OUT

Survey reveals definite trends regarding medicine/career/families and the responsibilities of each

Dana Stringham '84

"With few exceptions, I found the faculty to be helpful, understanding and interested in my education; but by the mid 70's many brave female souls had already paved a smooth road for us to follow." ('77)

Women in medicine are increasing in number every year, and more than ever are entering traditionally male specialties. In 1980 28 percent of the Freshman class at the University of Maryland are women. That's over twice the percentage of Freshman women in 1970, and a significant increase from the three graduating women of 1960.

The *BULLETIN* surveyed 379 female graduates of the University of Maryland School of Medicine to find out how being a woman has affected their career. Has their life been as glamorous as the soap operas' and box offices' portray? What are the difficulties in being female in a field that was once exclusively male? Responses were received from 140 women ranging in age 25 to 81. What follows are their thoughts about the sacrifices and benefits they've experienced in choosing to be a doctor.

The most common specialty choices are quite similar for the graduates of all ages. According to this survey, the greatest number of women are primary physicians in family practice, general practice, or internal medicine. The next most frequent field is pediatrics, followed by psychiatry and then OB/GYN.

During 1977, in the United States more than one third of the specialties had no women in their resident training programs. However, by 1980 women were found training in all specialties with accredited programs.⁽¹⁾ In keeping with this trend, Maryland's recent female graduates show greater variety in specialty selection than previous graduates. Specialties are represented in pathology, anesthesiology, radiology, surgery, and administration.

When asked if there were certain areas that were difficult for women to enter when the respondent finished medical school, almost all the women of all ages said yes. Most women think certain specialties are still difficult to enter, however some feel that it is becoming easier. Unfortunately, it is not the recent graduate who feels her career choices are that easy. Perhaps the passing of time has led the older graduates to feel things are better now, or perhaps women expect more from their male colleagues today. For whatever reasons, the fields of urology, surgery, OB/GYN, and surgical subspecialties have not and are still not making women feel welcome to join their ranks. An assistant professor of surgery wrote of an experience when entering her field. *"I was told by a chief of surgery that he would take me in the program, but that he probably would not allow me to achieve senior resident status."* ('69) One must assume he changed his mind, or she changed programs. This leads to another important aspect



of specialty choice, and that is the individual's preference. Many women felt that no field is too difficult for the determined woman to enter. Another significant factor is the time commitment and inflexible hours of many specialties. Here's what some of the women had to say:

"(The choice) depends on a woman's own attitude. I myself would not go into surgery because of the time demands. But, my mother took her internship in Surgery, and went on to OB." ('80)

"Some areas are more impractical if a woman wants a family. But this is true for men, too. Some male M.D.'s have a lousy family life." ('65)

Several women commented about their difficulty in advancing after entering a field.

"Discrimination against women still occurs frequently, but is more subtle. Promotions and titles are harder to attain for women than for men. 'Female type' duties are often assigned, while more interesting duties which lead to advancement are given to men." ('69)

One woman's response to her surgical training is quite good, which further shows how different each person's experience can be. *"I had very positive experiences with resident and attending staffs in my surgical and pathology residency. (I felt like I was a favorite)." ('47)*

The marital status of the respondents is quite surprising. Despite the increasing divorce rate in America, this survey shows that only one in five married female graduates is divorced. The success of these marriages is probably due to several factors. Historically, money has been a prime factor in successful marriages. For the respondent women, money is probably not a problem. Similarly, delayed matrimony has traditionally played an important part in the healthy marriage; the survey response confirmed this. While half of the 25-30 year old women are still single, over 90 percent are or have been married by age 35. Sharing similar interests is also an important component of marriage. Over 60 percent of the married women are or were married to other physicians. Another significant factor is the sheer determination of these women to succeed in whatever they

do. Clearly the stress of a medical career and raising a family will take its toll on many marriages, but apparently by adding lots of hard work a successful balance is achieved.

Women physicians have often been stereotyped as willing to choose a career over a husband and family. One woman wrote, "A friend/housestaff told me, 'You can be a doctor or a woman, not both.' I never could figure out which role he thought I'd sacrificed." (68) In fact, most of these women do not sacrifice either. 85 percent of the respondents over 55 are or have been married and have at least one child. The average number of children for women over 55 is 3.4, with the greatest number being 6. The younger age groups have steadily opted for decreasing numbers of children, more recently for no children. This is consistent with national trends. However, the majority of the respondents are married and on the average have more than 1 child.

Careful planning is certainly important in balancing career and family responsibilities. Most of the respondents with no children delayed starting a family until after medical school. In fact, the average age for having their first child was close to 28 in all age groups, but ranged from 19 to 38 years of age.

Exactly how do these women manage a household and a career? Of the women with families, about half said "yes" to the question 'Does your medical career conflict with family responsibilities?' When asked how their conflicts have been resolved, the most common answers were: decreasing ambitions, working part-time and hiring a housekeeper or babysitter. Some women resolved their conflicts by having children raised by relatives, and

other women obtained divorces. The women who responded 'no' to the question of medicine conflicting with their family life were asked how conflicts were avoided. These women responded with similar answers such as hiring domestic help and working fewer hours, but they almost all mention their cooperative, supportive husband.

Here's what they said

"Conflicts have been resolved and/or avoided by curtailing my professional ambitions in order to meet the needs of my family." (41)

"I like my family and have chosen career paths that let me feel good about the quality and quantity of time I spend with them. I think all careers and families sometimes are in conflict-this is true for men and women if they are committed to both." (65)

"As a full-time obstetrician, I am out at night and on weekends frequently. It is hard to get to children's school events. Being tired makes me crabby. My husband is a pediatrician so he likes being with the children when I'm gone. I have a great housekeeper/babysitter who pampers the children, cooks and takes care of the house. I really should quit obstetrics, but I love it." (69)

"No, medicine has not conflicted with my family life, because I always put my family before my career. But, the reverse is quite true —my family responsibilities did indeed hinder my medical career." (50)



These responses are good advice for any professional woman contemplating family life:

"Hire a maid. Make friends with your mother-in-law. Buy a car that really works well." ('64)

"My husband has assumed a major role in childrearing and we've made housekeeping a very low priority." ('80)

"I have always practiced. No time off except to have three babies—but, I know when to say NO to a multitude of busy work committees, social gatherings, etc." ('50)

"My biggest problem was working out how to have four children, and not abandon either them or my practice. I think young women worry about this. If they can only see that it isn't too many years before the children are in school, if they can just hang in there, perhaps working less hours for those few years, then they can get back to full-time practice." ('50)

"If a woman wants to become extremely successful—kiss the family bit goodbye." ('54)

One woman's thoughts reflect the expectation of women to bear an unequal share of family responsibility:

"I find it interesting that women physicians are asked about career/family conflicts, while men are rarely asked—they have family responsibilities, too! But, a male physician can use his career, his "holy" calling to do the

"greater good" as a convenient excuse to avoid family responsibility. I suspect that if a woman physician did that people would not call her a "dedicated healer". Nor would they look at her husband and say how wonderful and understanding he was to allow her to do such wonderful work. I believe that they would call her an unfit mother and probably a few unprintable things in addition. Her husband would be considered henpecked and would be supported if he wanted to leave such an unladylike wife." ('69)

The most memorable experience for most respondents was a life or death situation. Most women wrote about their first delivery, their first dying patient, or their first day in anatomy lab. These experiences were quite powerful, and certainly not gender restricted. Some women also related anecdotes. Here are a few:

"(I remember) When I proved to an internist that I developed angio-neurotic edema of my eyelids from an aspirin tablet. It was in the early days of allergy studies." ('26)

"(I remember) The day an early valve replacement patient went home and presented 'her' nurse, aide and doctor each a box of candy—and she gave the doctor's box to me, the junior medical student!!!" ('65)

"Watching my infant son wave to me as I received a special award for graduating with honors." ('77)



"Dr. Figge looked at me smilingly and said, 'Did you really pass the anatomy part of the boards?' I must admit it surprised me, too! Once completing anatomy, I knew I would make it!" ('66)

"Humorous incidents are the most vivid. For instance the look of disbelief as I donned the rectal glove to examine the patient (a urologist!) who had been admitted for surgery. Then I remember him telling his friend, the head of the surgical department that his work-up had indeed been complete." ('69)

The great tradition of medicine is not without obvious problems for women. But when asked about their experience with professors and male classmates, almost all the women expressed very positive feelings. However, many prefaced their statements with "Almost all my experiences were good" or "For the most part, I had no problems." These statements may reflect on the women who wrote them to indicate that their tolerance may have been a key to peaceful co-existence. Clearly great strides have been made in Womens Rights in America, and what was once a more or less expected male attitude is much harder to accept by women today. One woman wrote "(My experience) was good at the time. I would find some of them intolerable in this time." ('49) Despite the levels of prejudice that did and still do exist in medicine, the overwhelming response from the women of all ages is quite positive. Here are some of the comments women wrote about their male classmates:

"The students always treated me as an equal. Respectful and always a spirit of comradeship. I never felt left out." ('51)

"Some male students were a little hostile, particularly with medical school being a way out of Vietnam... they thought we were taking places their friends could have used to avoid the draft. But by graduation, I think we were pretty well accepted." ('69)

"My classmates were friendly, affectionate, cooperative—except for the one who stole my potassium permanganate solution in Biochem lab." ('54)

"I married one of them." ('76)

Here are some comments about male professors:

"Majority tolerant; many helpful; few inconsiderate; one announced, 'I hate women in medicine' on the first day of an introductory course in surgery." ('57)

"Acceptance as almost equal." ('51)

"At times it seemed the male instructors liked to spend more time with the 10 percent women students." ('50)

"The staff was really good. I was a student first, and coincidentally a woman. Ironically, I was excused from urology and VD clinics, 'because you will never need this area of expertise.' " ('39) (This physician is now working in VD and family planning clinics.)

"Dr. Margaret B. Ballard and I were the only women of the first women to be admitted to the freshman class who survived. There were six to start—four didn't finish the first year. After that the faculty accepted us and they and the students were very good to us, even though at times they didn't know just how to treat us." ('26)

The attitude of the patients towards the female medical students also seems to be quite good. Although frequently mistaken for a nurse, most women felt that the patients liked and trusted them, especially female patients in OB wards. Here are some comments:

"Very accepting. No patient ever refused examination or treatment because of my being a woman." ('69)

"There was a little of 'That's nice, nurse, but when do I see the Doctor?' but not much." ('62)

"Some accepted me, some didn't... my husband (also a physician) reports the same." ('75)

Almost all of the graduates feel their medical career has met their expectations. Many feel more than satisfied with their career choice. However, some of the younger graduates are disillusioned with the realities of medical business and with the long hours required for training. If their predecessor's attitudes are an accurate indicator of what lies ahead, the recent graduates are likely to find

a comfortable niche by their mid-thirties. Here are some of the feelings of recent graduates:

"I think very few people realize how much work is involved, how much is to be sacrificed. I have been fortunate to have a supportive husband through a demanding residency and now will work part-time while the children are small. I will have to lessen my career goals to be fair to my family." ('76)

"Medicine has made me grow up fast; and private practice has introduced me to the ways of the world. In practice there are a lot of physicians trying to make a living, with a lot of jealousy, underhandedness and foul play. It has opened my eyes from an adolescent to an adult." ('76)

"(My expectations have been met) generally, but there is too much legalism and defensive medicine." ('78)

"My practice is very rewarding. Personally, it was the worst thing for my social life. Most men are more insecure than they like to admit." ('76)

"I am continually disappointed at the emphasis on acute care which is so widespread in both medical school and post graduate training. There are so many situations where a good ambulatory background with emphasis on prevention measures, nutrition, etc., would contribute far more to the training of a primary care physician than do endless months of every third night "on call" on in-patient wards and ICU's. I strongly advocate the need for a revamping of the traditional training programs — especially in residency years." ('80)

"(Medicine has met my expectations) all 6 months of it! Internship's non-discriminatory, its miserable whether you're a woman or a man." ('80)

Here are some other responses:

"Very few people, men or woman, have such satisfying jobs. I have a fascinating practice which is both intellectually and financially rewarding. I am busy, have many professional friends, considerable prestige and the freedom to pick and choose what I want to do. I think of what my life would be like with my husband immersed in his work and my children grown, and I am very glad that I went to medical school." ('62)

"I thought I would give selflessly of my time, but I find I resent being called away from my family, or getting up at night." ('69)

"I loved private practice in a small West Virginia town from 1949 to 1958. I had four children in this period. I took off only a week to two weeks to have each one. It has been quite a privilege for me to be able to have the best of both worlds." ('45)

"Hitching your wagon to a star may produce a bumpy ride but never a dull moment. Yes, I think my expectations and hopes have been well fulfilled." ('38)

The final word on the opportunities and obstacles that have faced the female graduates is that each woman's experience is individual. It would not do justice to individual goals and accomplishments to lump them into one group or overcategorize them. Each woman is quite remarkable and quite different.

If the measures of success is happiness, then nearly all these women are successful. Whether they worked part-time and raised a family, worked full-time, or did both; their dedication and effort is tremendous and should be appreciated. When a female surgeon says she decided to reduce her workload after her fifth child, one can't help but believe that Superwoman is alive and well and somehow managed to graduate from the University of Maryland Medical School. When one of the first female graduates writes that she is still practicing general medicine at age 81, one must again reevaluate what is average or what is to be expected of a physician. Clearly determination and hard work are shared by all these women and they deserve recognition. Their attitude is for the most part optimistic, they are almost all satisfied with their work, and all share the ability to persevere. One woman summed it up when she wrote *"The achievement is the goal of the achiever. Anything is possible."* ('65) This statement has been proven true.

1) JAMA, Dec 26, 1980





CONQUERING MY FEARS: Ophidian Experiences

Byruth K. Lenson-Lambros '29

For ten years following my husband's death, I lived a lonely and bitter life, without a family of my own, compelled to retire from practice due to my own illness and thrust into the maelstrom of worries and responsibilities of which I knew little. I began to believe that I was hopeless and found that contemplating the whys and wherefores of my fear of becoming incapable of reasoning resulted in a condition of morbid fear and thrust me into excessive compulsive reactions, severe depression, and even thoughts of suicide.

It was in my thinking during the wee small hours of the night, that the conclusion was reached that I had been wrong in believing I was incompetent to return to a more productive life and I must find a way.

So now began an intensive determination to go on despite what fear and uncertainty existed and to be active mentally and physically. I would not expect consolation and service from someone who probably needed encouragement and attention more than I. I was determined to rid myself of a former inability to defend myself from unscrupulous "rip-offs." I recognized the fact that at my age I had to overcome, rather than cringe, at the thought of pleasing everyone. I realized that no one can obtain friendship, loyalty, love or care by means of gifts or money and I also realized that the supposedly kind persons who sought me, came not so much for my happiness as for their own benefit. Stories I have heard recently cause me to wonder how one can be so sagacious and another so gullible. Has human nature so deteriorated that the elderly remain silent because of fear of censure and there is no recourse but to accept, obey and suffer the consequences? Therefore, I felt it would be to my advantage to eliminate the very thought of subjugation to the "human snake."

After weeks of wondering what I fear most, I thought of a worm six inches in length which I could not touch, while a garden snake sent me scurrying into the house. I then recalled

an appointment made to the medical doctor's office some years ago. I was seated across a large desk from him and he began to interrogate me as to my ailment. While he was speaking to me, I heard a rustling and as I turned to see what caused the sound, a black, slender snake was crawling up from the floor to the table alongside me. Never before having been in close, unexpected contact with such a creature, I jumped out of the chair and ran from that second-story office down the stairs into the street where I kept running. I did not stop despite the doctor's calling to me, and later learned that this eminent physician had two such creatures in his home. But you may be certain I never returned to that office.

I reasoned that since the thing I most feared was a snake, I must formulate my plans to include the snake. I felt by eliminating this fear, the lesser fears would then fade into insignificance. I was helped by a friend who is a chief officer at a medical research laboratory and who was interested in my story. With his cooperation, I forced myself to look at snakes in his laboratory, and with much trepidation watched as venom was expressed from water moccasons. To further conquer my fear, on an appointed day my friend arrived at my home with an eight-foot, forty-pound python which was released on my table. Present was a medical student and a dear friend from my medical school—both with cameras. When the snake crawled across the table towards me, I was frightened, sweaty and pale, but stood my ground. Everyone was wary but we were protected by the director who had the proper handling stick with him. And so I stroked "Miss Caduceus"; her long tapering body seemed beautiful with a dry, not slimy touch. She crawled about my body—I wiggled my tongue at her as she did—and learned some interesting snake anatomy. I saw the vestigial feet which she had at birth, saw her eyes without eyelids which never close and learned the python has no venom.

but uses its ability to surround objects with coils of its body. In this fashion he tightens his pressure on the object and crushes the unfortunate prey. About a month later, a longer snake, twelve feet long and fifty pounds in weight, was brought to my home, and again, after the preliminaries of getting acquainted, I was able to have her crawl up my arm and around my body.

By facing my greatest fear, that of snakes, I now feel I have made progress without antagonizing people, and am now able to have a lively altercation which is refreshing. Sometimes I may be a bit too assertive but pardons are freely given when I go too far. Friends applaud my improvement and I am certainly reaping the benefits from my experiment. "Rip-offs" do not worry me any more, and one individual admitted he would not like to tangle with me again. I have gathered proof of encounters which are placed in a "skunk box" to illustrate the truth. I do not apologize for my belief that by exterminating my greatest fear, the lesser ones have disappeared. Regardless of how my dissertation is accepted, I still retain my privilege in declaring that the "reptile snake" is less dangerous than the "human snake."

Yes—the "human snake" is far worse than the "reptile snake." The "reptile snake" retaliates when in danger but it can be manipulated so as not to attack. But there is a sad exposure of the "human snake" who has changed from a once-loving creature into a cruel being, intent with bettering his position

through thievery and injury to the elderly who are alone and forlorn. Along these lines, I would also emphatically recommend that persons working in the capacity of counseling should be screened, evaluated and carefully considered by the authorities who place them in positions where they meet the old, sick, alone and abandoned, who are so anxious to find someone who cares.

During this period of soul-searching in seeking a solution in coping with my adversities, I was heartened by an interview in *Modern Maturity* in which Mr. Norman Cousins, author of the best seller, *Anatomy of an Illness*, advocated "laughter" for the treatment of his illness. Mr. Cousins gave me the incentive to diminish, or terminate entirely, my lack of ability to cope with my problems, not by laughter but by banishing fear. Like that gentleman, I, too, have discovered the rationale in forming new theories in the science of medicine. Therefore, I am not reluctant to declare that there may be found certain definite advantages in theories which may appear to be unbelievable, but in which there may be interesting results.

There is pardonable aversion to contact with that lowly creature, the snake, and there are persons who visit me who will not even look at the pictures taken of my encounters with two snakes. However, after my experiment and achievement in conquering my fear of reptiles, I can't help wondering what the long since departed doctor who had the black snake in his office would think if he had seen me with "Miss Caduceus."

The successful completion of the initial phase for the endowment of the Dr Theodore E. Woodward Professorship in Medicine was reported in the last issue of the *BULLETIN*. While this was correct, the committee's primary goal was to endow a Chair in Medicine which requires support of \$500,000. Every effort continues to be made to reach this goal and contributions are actively being sought. Those interested should direct their gifts to:

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AVOCATIONAL PLEASURES: Studying the Aboriginal Woman

Virginia Huffer '50

Physicians, no matter what type of practice or sex, can get out of their offices and become involved in all sorts of endeavors, whether professional activities or just play. It was my good fortune to visit Australia on two occasions and, in addition to enjoying the most hospitable Aussies and seeing the fascinating flora and fauna of that land down-under, I was able to study Aboriginal women.

Australian Aborigines have been studied extensively by anthropologists, but their work focused mainly on men. It was the men who conveyed the complex religious and magical traditions of their ancestry and the women were considered to be chattels.

My quest to study 20th-century Aboriginal women took me to Mornington Island, which lies in the subequatorial zone of Australia, in Queensland, in the Gulf of Carpenteria. The island has been a Presbyterian Mission Reserve since 1914 and the women belong to two tribes: the Lardil group who are indigenous to the island, and the Kaiadilt who were brought to Mornington from their own island of Bentinch in 1948 when they were on the verge of annihilation. The Lardil have been exposed to western teachings such as reading, writing and arithmetic as well as Christianity. But only the younger Kaiadilt have had Western teachings and the older Kaiadilt do not speak English. Of course, at times, my American accent had to be translated into Australianese!

As my study evolved, I developed the life history, or psychobiography of one woman, whose tribal name "Labbanor" translates as "sweetness of the fig." In the process I learned to know about 20 other women from both tribes, ranging in age from 15 to 67.

The women are no longer subservient in their personal and community lives. They have shed the early authoritarian restrictions of the original Mission. However, it is fascinating to learn how many aspects of their traditional culture continue to form part of the thinking of these women and shape their

behavior. They were equally conversant about sorcery, magic and other ancestral beliefs as they were about the Bible, their ideas about education for their children and how to improve their life situations. They are truly transitional figures with one foot in the Western culture and the other in the traditional one. Most of them seemed to be unaware of the two disparate cultural streams running parallel through their lives.

Labbanor, whose English name is Elsie Roughsey, read the manuscript of my book and to illustrate the degree of acculturation, I wish to quote her reactions: "I have nothing to be ashamed of and you have written about my life as I have known and lived it. I want the world to know what life is like on Mornington Island. If any student can learn anything from it, I will be pleased." I suggested to Elsie that I would like to name her as my collaborator and, of course, she was very pleased.

My experience with the Aborigines and the Mission staff on Mornington was a most rewarding and pleasant experience. So, if you possess the spirit of adventure and perhaps really need a break, do go off and do something quite different.

Ed. Note: Coincidentally, should anyone be interested in reading *The Sweetness of the Fig: Aboriginal Women in Transition*, have your bookstore order it from the University of Washington Press, Seattle.





THE PAST SEVEN YEARS

An overview of the growth and accomplishments of the Medical Alumni Association

Jean D. Coral

When Merrill Snyder, editor, asked me to submit an article for this issue of the *BULLETIN*, I wondered what I could possibly convey to our alumni. All activities, accomplishments, and news of the Medical Alumni Association are reported pictorially or in the President's Message and that of the Dean. I then thought it might be interesting to capsulize the progress made in the past seven years.

In February 1974 when I was employed by the Association, Bill Dunseath was president and John Dennis was acting dean. The alumni office was located in two small rooms in front of the alumni lounge in Davidge Hall. I wonder to this day why Dr. Dunseath first took me up the winding staircase at the rear of Davidge Hall and introduced me to "Herman," the mummified cadaver. Perhaps it was to prepare me for the alumni office, which, to say the least, was not the most elegant suite of offices I've ever seen, not to mention the multiple boxes of mail that had been returned because of incorrect addresses. At that time there were two staff members—one clerk and me. The staff has grown to six, necessitated by the increase in alumni and fundraising activities, and will occupy the entire lounge when the restoration of Davidge Hall is complete.

The appointment of Dean Dennis was most fortunate for the Association since his participation had a great influence on the growth experienced during the past seven years. And under the direction of a succession of interested and concerned presidents, officers, and members of the board of directors, the Association took an effective, influential and refreshing turn. This dedicated group of alumni who generously volunteered their time and counsel (and kept me in line!) were Bill Dunseath, Bob Goldstein, Bill Mosberg, Jim Roberts, Herb Levickas, Bob Singleton, Virginia Huffer, Ray Donovan, Jack Strahan and Benjamin Stein, just to mention a few. It was also the efforts of a hard-working staff, composed of Sheila McNair and Pat Miller, who in the early days more than earned their salaries giving the officers and me the necessary support to advance and expand.

The accomplishments and advancements to follow would not have been possible or necessary if it were not for the tremendous support of our 5,100 alumni located in Maryland and throughout the country.

ALUMNI AFFAIRS

Tax Exempt Status—The Association was classified a non-profit 501 (c)(3) organization as a result of Bill Dunseath's dogmatic perseverance and many trips to the Internal Revenue Service

Incorporation of the Association—Upon legal advice it was deemed necessary to incorporate in order to relieve individual members of the responsibility for contractual difficulties or liabilities. After the Articles of Incorporation were adopted, the Association was then re-classified as a 501 (c)(3) corporation.

Membership—In 1974, 33% of the membership was active; 50% in 1980—an increase of 17%. The day-to-day operation of the alumni office is dependent upon dues income which takes care of staff salaries, taxes, insurance, office supplies, postage, printing, alumni day and student activities, and the costs in publishing the *BULLETIN*.

Alumni Day—The interest of reunion captains has generated a remarkable increase in attendance. These individuals are members of a committee who help formulate the alumni day program.

The annual alumni banquet attendance has increased 136% (265 in 1974 and 600 in 1980).

The awarding of 25-year certificates and offering CME courses in conjunction with the reunion have been enthusiastically accepted.

Student Affairs

Oyster Roast— This event honoring the junior students has shown a 127% increase in attendance (165 in 1974 and 375 in 1980) due to more active participation not only by the students, but the alumni and faculty as well.

Wine & Cheese Party— Increased revenue from dues income provided the funds to entertain the first and second year students. This function also afforded the opportunity of acknowledging faculty and unpaid instructors of affiliated hospitals.

Bulletin— Beginning in 1974 under the editorship of George Yeager, and subsequently that of Merrill Snyder, the *BULLETIN* became a more viable vehicle for keeping the alumni informed scientifically and fraternally. Patricia Miller, editorial assistant, assumed coordination of contents under the direction of Drs. Yeager and Snyder.

DAVIDGE HALL RESTORATION PROJECT— Back in 1954 at the annual business meeting of the Medical Alumni Association, a resolution was passed " . . . to pursue every resource toward the proper restoration of this building . . . that the medical alumni of this university now place themselves on record as being in favor of such restoration and be further resolved that they appoint a restoration committee to work toward that purpose . . . "

Dr. William Triplett, then executive director, was instrumental in gaining historical recognition from the city; Dr. John Sharrett pursued in the passage of a bill through the state legislature in May 1970, and finally, the building was registered as a national historical place by the Department of the Interior in 1974.

An initial campaign to raise funds for the restoration began in the fall of 1969. In the ensuing years under the chairmanship of John Wagner, and subsequently George Yeager, the wheels began to turn. The original estimate for the restoration was \$1,250,000, and with the rate of inflation this has been fairly accurate.

So 27 years later, the dream of restoring Davidge Hall will reach fruition with a final plea of help from the alumni. We need about \$300,000 to finish the job and an additional \$200,000 to set up an endowment fund for the perpetual care of the building.

FUNDRAISING

In 1977 it became imperative that supplemental funds be raised if the School of Medicine was to maintain its high standards and initiate new programs and expand others. Priorities set by Dean Dennis included the rebuilding of the basic science departments, as well as the clinical departments. In order to accomplish these goals it was the alumni to whom we must turn for financial support.

As there were no funds available in the school's budget for a fundraising professional, the Medical Alumni Association (admittedly novices in the field) assumed the responsibility of raising additional money to help the school achieve its goals.

The results of the fundraising efforts for the past three years and the current year-to-date will follow. As you can see, each year donations increased, and we anticipate the 1980-81 donations will reach \$250,000 by June 30 (the end of the fiscal year).

Four-Year Annual Fund Campaign

Fiscal Year	Phonethon Volunteers	Specified Dollar Amount Pledged	Total Gifts for F.Y.	No. of Donors	% Alumni Participation
1977-78	20	\$ 58,000	\$ 91,264	873	17
1978-79	30	38,675*	116,417	1037	21
1979-80	55	125,000	209,775	1511	30
1980-81	65	137,000	160,000	(Through March 31, 1981)	
		Total	\$577,456		

*A blizzard and freezing temperatures in February thwarted our effort, subsequent events scheduled for November!

Phonothon—This activity produced the greatest success in fundraising effort due to outstanding volunteer and donor support. I was told by a development officer at a "well-known private medical college" in Baltimore that they have never, ever, beaten our record.

Major Gifts—Although the School of Medicine has been the direct recipient of many endowments and bequests, the following major gifts are those which were either negotiated or executed by the Association.

Planned Giving

The *Winters Scholarship Fund*, a bequest from Walter M. Winters '21, who left the residue of his estate (\$800,000) to aid second, third, and fourth year students.

The *Herbert Berger Charitable Remainder Uni-Trust* will endow a chair in the department of medicine.

A testamentary commitment to establish the *Dr. Byruth K. Lenson-Lambros Distinguished Lecture in Family Medicine*—first in the department and the first to be named after a woman.

Major Outright Gifts

Establishment of the *Dr. Herbert Berger Lectureship in Internal Medicine*

The *Dr. J. H. M. Rowland Memorial Loan Fund* established by Dr Francis N. Taylor '32

Special Appeals

The first *Dr. Abraham H. Finkelstein Memorial Lectureship in Pediatrics*, to take place on May 27, was made possible from funds received through an appeal of the Medical Alumni Association to pay tribute to Dr. Finkelstein's dedication to the School of Medicine.

Founding of the John Beale Davidge Alliance—As more and more alumni made substantial gifts of \$10,000 (a one-time gift or annual contributions of \$1,000 for ten years) or a deferred gift of \$30,000 or more, the Alliance was founded by the School of Medicine and the Medical Alumni Association to recognize alumni and friends who assumed this leadership role. Initially there were 53 members—there are now 70.

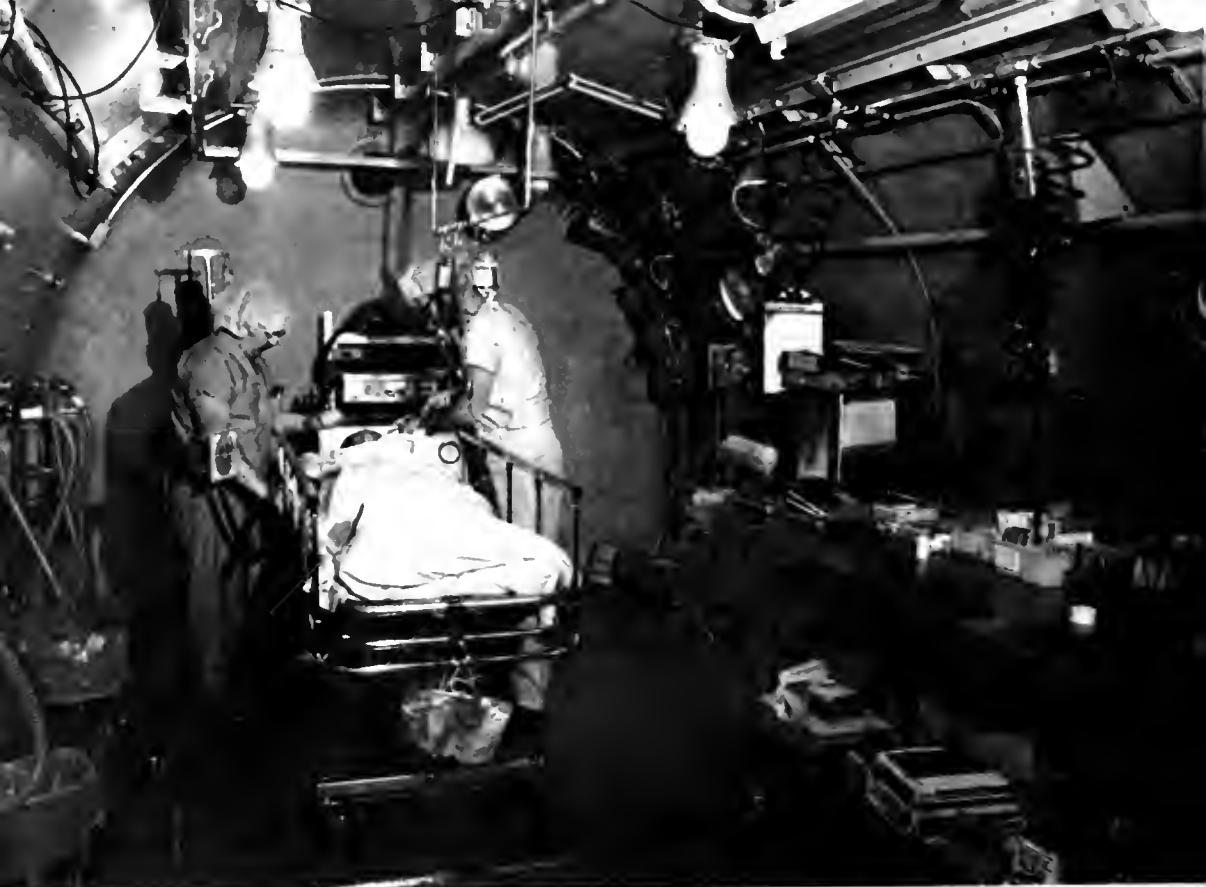
Members of this distinguished group are permanently recognized on a bronze plaque installed in the lobby of Howard Hall Towers. Additionally, an annual luncheon will be held in conjunction with the alumni day in honor of Alliance members.

INSTALLATION OF AN INFORMATION STORAGE SYSTEM

To keep pace with the increased workload generated by the additional functions of the Medical Alumni Association, it became necessary to update the 100-year-old manual record-keeping system. After extensive research into various systems, it was approved by the board of directors to purchase an IBM Systems 6. This equipment enabled storage of information regarding our 5,100 alumni; name, address, spouse, phone numbers, historical data, and dues and giving records. Although the task of transferring all the information was horrendous, class rosters or information regarding several, or hundreds, of alumni can now be printed in a matter of seconds.

In conjunction with the *BULLETIN*, this system provides the capabilities of producing an honor roll recognizing donors, and for the first time a list of active (dues-paying) members will be printed in the summer issue.

To wrap this up, I urge you to contact us if you have suggestions, comments, or even complaints. It is only when an alumnus takes time to communicate can we get a handle on what you would like your association to accomplish.



Roy Meyers, M.D. and Tom Baker, R.N. prepare a patient for surgery in the fully equipped operating room.

Chamber Use for Hyperbaric Oxygen Therapy Increases

Maryland Institute for Emergency Medical Services Systems (MIEMSS)

When the Bressler hyperbaric chamber opened its doors in January, 1967 as a treatment and research unit, the primary condition treated was gas gangrene. Additionally, research was undertaken in the treatment of various forms of shock and the feasibility of open heart valve replacement surgery in dogs under hyperbaric oxygen (HBO). The present chamber in the basement of "shock trauma center" opened in December, 1970.

This three-lock, multiplace chamber represents the State of the Art in monitoring acutely ill patients while undergoing hyperbaric oxygen therapy. The monitoring systems available include direct in-line arterial, CVP, Swan-Ganz and intracranial pressure readings, ECG and temperature monitoring. Patients may thus be monitored as if they were in the critical care recovery unit. A specially constructed, non-oil-lubricated ventilator (Cape) with dial controls for rate, tidal volume and positive end expiratory pressure is in the surgery lock for use with the unconscious or critically ill patient.

Roy A. M. Myers, M.D.
R Adams Cowley, M.D.

The non-emergency locks do not have this in-line monitoring capability; however monitoring of patients is undertaken by the nursing and medical staff using a blood pressure cuff and a pressure-tested, battery-run portable monitor (physiocontrol). The major growth in patient treatments has occurred in this chamber, treating conditions which include chronic osteomyelitis, bone and soft tissue radionecrosis and to enhance wound healing secondary to small vessel disease. Using the multiplace chamber, several patients can be treated simultaneously with each patient breathing 100 percent oxygen from his own face mask. The third lock enables the transport and transfer of patients and/or personnel from the main locks while under pressure.

Barometric medicine manipulates two different variables. The first is that of **pressure**

MIEMSS' multi-lock, walk-in chamber is large enough to accommodate several patients being treated simultaneously. One lock is fully equipped for surgery and intensive care. Patients and staff can communicate with the chamber operator via a two-way intercom and phone and a TV monitor allows the operator to observe people in the chambers.



effects and the associated diving problems such as decompression sickness and air embolism (venous or arterial). Management of these conditions was responsible for the initial development of hyperbaric medicine. The second is the use of **oxygen as a therapeutic agent**. Oxygen therapy is now the most frequent use of hyperbaric medicine and is administered to the patient via a tight fitting face mask, head tent, endotracheal or tracheostomy tube while the patient is being pressurized in a multiplace compressed air chamber, or from the environment of pressurized oxygen in a monoplace chamber.

In the mid 1970's with a resurgence of interest in hyperbaric medicine, a national society, "The Undersea Medical Society, Bethesda, Maryland", established an ad hoc committee on hyperbaric oxygen therapy to determine from both scientific and clinical evidence, the validity of hyperbaric oxygen therapy in the treatment of specific disease entities. Four categories of diseases were established and a recommendation was made to and accepted by third party insurance carriers, medicare and medicaid for the payment for hyperbaric oxygen treatments for category one and two diseases.¹

MIEMSS Experiences—1967-1980

In the past 14 years, 489 patients have been treated. Ninety-two percent (447/489) of these patients were treated for conditions related to categories one and two as compared to the national average of 72 percent.²

Of the 133 patients treated during the years 1967-1977, 73 percent were treated for clostridial gas gangrene. Eighteen percent of the conditions treated were research of category four conditions relating to hemorrhagic and septic shock treatments.

Since 1977, the program has broadened to include the treatment of osteomyelitis, osteoradionecrosis, compromised grafts and non-healing wounds. A number of cooperative programs have been developed with various departments of the University. These cooperative studies are being undertaken with many different departments: 1) the neurosurgery department in the treatment of acute traumatic spinal cord injuries and assessing the effect of HBO¹; 2) the oral surgery department on prophylactic HBO and dental extraction in radiation caries; 3) the plastic surgery department on the effect of HBO on skin graft flap retention; 4) the critical care department on the effects of HBO on cardiac output and the septic patient. The results of these studies have either been published or presented at national meetings.

A comprehensive smoke inhalation/carbon monoxide poisoning program has been undertaken with the cooperation of the fire departments of Baltimore City and the surrounding five counties. Fire victims who were unconscious or had obvious clouding of cerebration are referred for psychometric testing and laboratory determination of severity of poisoning. Those with carboxyhemoglobin levels of 25% and above, clouded cerebration (on psychometric testing) or unconscious are treated with hyperbaric oxygen therapy.

Table 1 & 2 indicate the number of patients treated under each condition (patients) and also the total number of treatments (dives) per year. Certain conditions (decompression sickness, air embolism, carbon monoxide poisoning) usually require a single hyperbaric oxygen treatment. All other conditions require multiple dives for full benefit of HBO treatments.

PATIENTS TREATED 1967-1976

TABLE 1

Conditions Treated	1967	1968	1969	1970	1971	1972	1973	1974	1975	1976
Decompression								1 PT	1 PT	
								1 D	1 D	
Anaerobic Infections										1 PT
Gas Gangrene	1 PT 3 Ds	6 PTs 31 Ds	6 PTs 25 Ds	3 PTs 15 Ds	9 PTs 59 Ds	7 PTs 51 DS	13 PTs 78 Ds	19 PTs 122 Ds	19 PTs 125 Ds	14 PTs 72 Ds
Air Embolism								1 PT 1 D	1 PT 1 D	
Skin and Bone Grafts								1 PT 11 Ds		
Soft Tissue and Osteoradionecrosis										
Carbon Monoxide Poisoning	1 PT 1 D						2 PTs 2 Ds	2 PTs 2 Ds	1 PT 1 D	
Smoke Inhalation										
Osteomyelitis										
Spinal Cord										
Radiation Caries										
Wound Healing Enhancement										
Other	1 PT 2 Ds	3 PTs 10 Ds	1 PT 40 Ds		8 PTs 88 Ds	3 PTs 11 Ds	4 PTs 12 Ds	1 PT 1 D		3 PTs 9 Ds
Patients/Yr. (Total)	2 PTs	10 PTs	7 PTs	3 PTs	17 PTs	10 PTs	19 PTs	25 PTs	22 PTs	18 PTs
Dives/Yr. (Total)	5 Ds	42 Ds	65 Ds	15 Ds	147 Ds	62 Ds	92 Ds	138 Ds	128 Ds	83 Ds

PATIENTS TREATED 1977-1980

TABLE 2

Conditions Treated	1977	1978	1979	1980
Decompression	1 PT 1 D	4 PTs 4 DS		1 PT 1 D
Anaerobic Infections		4 PTs 51 Ds	3 PTs 93 Ds	1 Pt 11 Ds
Gas Gangrene		7 PTs 33 Ds	9 PTs 44 Ds	9 PTs 36 Ds
Air Embolism				2 PTs 2 Ds
Skin and Bone Grafts		4 PTs 102 Ds	1 PT 26 Ds	4 PTs 51 Ds
Soft Tissue and Osteoradionecrosis		11 PTs 478 Ds	10 PTs 442 Ds	10 PTs 380 Ds
Carbon Monoxide Poisoning		3 PTs 6 Ds	13 PTs 16 Ds	16 PTs 16 Ds
Smoke Inhalation			8 PTs 9 Ds	18 PTs 19 Ds
Osteomyelitis		5 PTs 204 Ds	16 PTs 704 Ds	5 PTs 178 Ds
Spinal Cord		4 PTs 82 Ds	25 PTs 231 Ds	25 PTs 212 Ds
Radiation Caries				8 PTs 204 Ds
Wound Healing Enhancement				3 PTs 121 Ds
Other	1 PT 8 Ds	1 PT 3 Ds	8 PTs 87 Ds	7 PTs 126 Ds
Patients/Yr. (Total)	36 PTs	91 PTs	107 PTs	119 PTs
Dives/Yr. (Total)	914 Ds	1530 Ds	1397 Ds	2114 Ds

Smoke Inhalation, Carbon Monoxide Poisoning Assessments Total 23.

Decompression Sickness and Air Embolism

The rationale of treatment of these conditions is the reduction in gas bubble size as dictated by Boyles law ($P_1V_1 = P_2V_2$). Any pressure increase results in volume reduction at two atmospheres of absolute pressure (ATA). The volume of a gas is half of its volume at one atmosphere. The use of 100% oxygen at 2.8 ATA further reduces the bubble size by speeding up its break up and configuration changes with the nitrogen in the bubble being replaced by oxygen which can then diffuse off into the tissues. The net result is a dispersal of the occluding air embolus.

Where scuba diving is a major sport and deep sea diving a major commercial industry, decompression sickness and air embolism have a proportionally higher incidence. The cool shallow waters of the Delmarva coast are not conducive to a major interest in scuba diving and consequently the complication rate is very low. Most of the deep sea diving, related to the continental USA is in the Gulf of Mexico. Provided treatment of decompression sickness is undertaken within two hours of development of symptoms, there are no complications.⁴ This Navy work is in sharp contrast to the results in the sports scuba diving world where unfit, untrained divers arriving many hours later for treatment of symptoms fail to have complete resolution of signs and symptoms. It is hoped that the development of a nationwide diving accident network will allow a determination of the incidence of sports and commercial diving accidents and the outcome of therapy.

Smoke Inhalation and Carbon Monoxide Poisoning

The combination of CO with hemoglobin to form carboxyhemoglobin interferes with oxygen availability by the reduction of functional hemoglobin. This is the basis of many of the toxic effects of carbon monoxide. In addition, interference with the cytochrome enzyme system at the cellular level is also felt to be an important factor in the severe effects of CO on the central nervous system. Oxygen therapy speeds the elimination of carbon monoxide from the body. To quantitate the effect of oxygen therapy, the rate of decay of carboxyhemoglobin in the poisoned patient is usually expressed as the time required for the level to drop by one half (the "half life"). The half life of carboxyhemoglobin is reduced to 23 minutes at 3 ATA on 100% oxygen as compared to 320 minutes on room air at room pressure.

Clostridial Gas Gangrene

Brummelkamp et al⁵ were the first to advocate the use of HBO in the treatment of clostridial infections. Alpha toxin production is inhibited and spore germination retarded by 3 ATA oxygen pressure. Demello⁶ has shown in dogs that the combination of surgery, antibiotics and HBO resulted in a greater survival rate than any other single or combination form of treatment. It is essential to emphasize the need for massive antibiotic coverage, HBO therapy, fasciotomy and debridement of necrotic tissue, tetanus prophylaxis, blood replacement and intensive care management of these patients. The HBO protocol includes seven treatments of 100% oxygen at 3 ATA for 90 oxygen minutes in the first 72 hours with further treatments as needed.

Soft Tissue and Osteoradionecrosis and Post Radiation Caries

These conditions represent severe impairment to the microcirculation. The raised tissue oxygen concentration from HBO stimulates osteogenesis and fibroblastic activity. Neovascularization and proliferation of collagen fill the dead spaces and healing occurs from the wound edges and depth. Farmer⁷, Tobey and Kelley⁸ have confirmed the original work showing the effectiveness of HBO in the combination with sequestrectomy and antibiotics: repeated daily treatments are required.

Osteomyelitis

Post traumatic and post radiation maxillo-facial osteomyelitis respond well to hyperbaric oxygen. The excellent vascularity of this region with the enhanced oxygen supply from HBO results in healing. The inhibiting effect of low tissue oxygen tensions is readily overcome with resultant fibroblast and osteoblast proliferation and healing.

Strauss⁹ in reviewing the problems of chronic refractory osteomyelitis has pointed out the problems of any controlled trial in treating chronic refractory osteomyelitis. A major factor in the continuation of the infection is in the loss of the host organism interface due to the poor vascularity. The mechanisms of HBO action relate to its direct effect on the micro-organism particularly the anaerobic and micro-aerophilic bacteria, the facilitation of host defence response by the oxygen killing action through hydrogen peroxide and superoxide effects and by enhancing osteoblastic reabsorption of bony debris and remnants of the infectious process.

Wound Healing Enhancement, Granulation Tissue Formation and Revascularization of Non-Healing Wounds

The enhanced tissue oxygen supply stimulates fibroblast migration and capillary budding with the formation of healthy granulation tissue. Bone and skin grafts also develop a good base for revascularization and rapid healing. Hunt¹⁰ has shown that chronic non-healing wounds are hypoxic and the addition of HBO elevates the tissue oxygen tension to above the 40 mm torr oxygen tension required for revascularization.

Traumatic Spinal Cord Injury

Animal experimentation¹¹ has indicated that HBO given within four hours of cord injury dramatically reduces the injured area and improves outcome. Work done by the authors³ has shown that after six hours there is no change in outcome. With in-chamber x-ray facilities now available it should be possible to have acute spinal cord injury patients into the chamber and undergoing HBO and still have their fracture dislocations reduced in less than four hours. Randomized double blind trial should help answer this question.

From this brief review, it should be apparent that treatment and research protocols must be established and followed for proper evaluation of results. Teams of highly motivated and well trained staff and available equipment are essential for safe and effective patient care. Meticulous following of guidelines allows HBO therapy to become a routine treatment.

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Biomedical Research and Research Training in the 1980's

Ross W. I. Kessel, Ph.D.

This article is based on remarks made by Dr. Kessel before the UMAB Graduate Faculty Assembly, February 18, 1981.

Addressing the Graduate Faculty Assembly on the day on which President Reagan is going to announce \$20 to \$40 billion cuts in the coming budget, it is clearly not out of order to suggest that the federal government's investment in research and research training has reached a turning point. Indeed, while the writing has been on the wall for some time now, it is clear that the 25-year era named for Sputnik has come to an end.

We are entering a time when resources for science and science education will be limited and when public scrutiny of the utilization of these resources will be greatly increased. I believe that this political change necessitates our undertaking a much more critical review of the social utility of science than we have done in the past.

The era of Sputnik has been summarized by a number of catch phrases, including "only the best is good enough" and "we should pursue science for science's sake." The era was characterized by what could be described as an essentially aesthetic view of the pursuit of knowledge; a view in which science was seen as being valuable in and for itself, quite apart from its results. Indeed this idea was taken to its ultimate conclusion in a well known book by Jacques Monod, *Chance and Necessity* which presented the development of an Ethic of Knowledge.¹

This aesthetic view of the pursuit of knowledge has been eloquently buttressed by the more utilitarian notion that "expenditures now will result in future savings." Lewis Thomas² for example, has described scientific progress as proceeding from "non-technology," through what he terms "halfway technology" (roughly what we see around us) to "decisive technology" (that is a technology, for example vaccination, that is so pervasive that it is almost unnoticed). It is Thomas' view that as scientific advances

allow one to proceed along the path from low to higher technologies, so the costs to society will decline. He cites the costs of treating typhoid fever in the 1930's (about \$10,000) and the 1950's (about \$5), and the cost of treating poliomyelitis before and after the development of vaccination, as two examples of the financial benefit to be derived in the long run from basic research.

It was on the basis of justifications such as these that the federal government's budget for the support of basic research increased logarithmically in the Sputnik era. It could hardly have started earlier. After all, as Thomas points out, "half-way technology" did not begin until the late 1930's; "Overnight" he says "we became optimists, enthusiasts. The realization that disease could be turned around by treatment was a totally new idea."³

Why was there this logarithmic increase in funding? What were its justifications? Perhaps Max Planck, in an essay written in 1949, made the first attempt to answer these kinds of questions. Planck proposed⁴ that every advance in science makes larger demands of the scientist, demands which are always more costly of both time and effort. Macfarlane Burnet put it more colorfully when he said "all the easy research" (he meant "all the cheap research") "all the easy research has been done."⁵ The economist Nicholas Rescher, in an influential series of papers, has argued that built into science, *inevitably*, is the continuing demand for more sophisticated and more expensive technology, and that, even more dramatically, this will *inevitably* lead to a diminishing return on investment. Whether or not this change is indeed "inevitable," it is difficult to disagree with Rescher when he says that the economics of high technology (including medical research) has become one of the most acute and difficult problems facing policymakers today.⁶

We are all acutely aware of the increase in political concern that is reflected in the increasing budgetary regulation and the increasing social control of research. Society, or at least its politicians, are asking "has it been worthwhile?" A 1973 British White Paper on biomedical research concluded that "during the last two decades, when scientific medicine is alleged to have blossomed and when the funds allocated to it have increased rapidly, the decline in mortality associated with industrialization has tapered off to virtual zero." Or, to quote once more from the more pessimistic immunologist Macfarland Burnet, "basic medical science provides fascinating employment (but) almost none (of it) has a bearing on the prevention of disease or the improvement of care."

Surely there are few of us who would agree with these assessments, but we do not have to do so to appreciate that this is the background against which the present administration's transition teams worked. I believe it to be no coincidence that the questions now being posed (in the area of health) are:

1. Should there be a major redeployment of resources from research to therapy?
2. Should there be a major redeployment of resources from high technology to low technology solutions?

3. How are shrinking resources to be redistributed if these ends are to be accomplished?

Clearly, substantial changes are in the wind both in the ways science policy is made and in the effects of changing policies. I believe that, on this campus, we need to remember that the professions represented here are, as Pellegrino has defined them, "cognitive practices."⁸ In other words, each is a profession based upon a special body of knowledge which is used to a particular social end.

It is from this notion of a "social end" for professional knowledge, that society's control and regulation of science comes. I believe it behoves each of us to identify more clearly the "social ends" to which our research is directed, and to assess its effectiveness in that light as well as in the light of "pure science." I am optimistic that the federal government, along with other public and private agencies, will continue to fund biomedical research. I believe, however, that the people who, in fact, make up these agencies will be paying much more attention than has been the case in the past to the purposes served by the research that they sponsor.

As funding priorities are set, and as individual researchers are being regulated, an increasing number of social and political voices are being heard. I believe we all need to listen more carefully to what they are saying.

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PRESIDENT'S MESSAGE

Raymond J. Donovan, Jr., M.D.

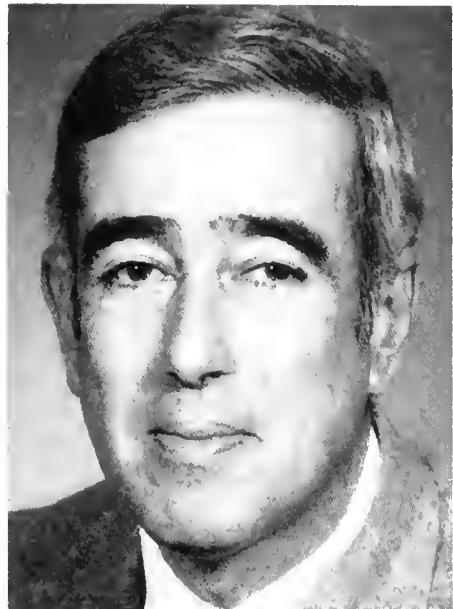


Photo by Mettee

During the recent wine and cheese reception for the freshmen and sophomore students, I found it disconcerting when greeted with awe by the students upon meeting a 1958 graduate. The years pass and 1958 does not seem to be awfully long ago to me. However, it is awfully long ago to the students and when they say "I wasn't even born yet," it really gets your attention.

They are very curious about the "old days" and how the current curriculum differs from past eras. Much of the current information was not known, or even theorized a few years ago. I am sure the students wonder how a 1958 graduate can practice quality medicine in 1981. The answer, of course, lies in continuing education. The concept of CME credits is a relatively new phenomenon for documenting educational activities, but the absolute need to learn up-to-date advances, and understand the burgeoning explosion of new knowledge, has always been an integral part of good medical practice.

I mentioned to several of the students that perhaps each of their courses should be entitled "*Introduction to . . .*" since this is what they truly are. Medical school itself is only the beginning of a life-long process of learning and growing. So we share a common bond with our young colleagues, no matter what our age; the bond of intellectual curiosity. The need to know for the sake of knowledge, as well as the application of that knowledge to clinical practice, is the thread of unity that binds us as colleagues.

May we never lose the enthusiasm of the "younger" student to strive toward greater knowledge. It has been said that youth is a state of mind. Clearly intellectual curiosity is the *sine qua non* of that state.

I have always been a great admirer of Theodor Bilroth. In 1890 he said "A physician, to be satisfied and happy, must make science his sweetheart. Medicine will always appear new and interesting to him. This is the charm of medicine. It can never be totally penetrated or encompassed by a single person. Every day creates a new stimulus."

Later he added, "We go up the steps to gain on each step a new view. Even for the most clever climber there is always enough of the ladder left to climb, the end of which reaches into the clouds."

I hope this message has made you aware of your youth as you avidly pursue your continuing "Introduction to Medicine."

Private Funds Help Narrow the Gap

Last year almost 40 percent of the newly created funds to support various University of Maryland activities were initiated on behalf of the School of Medicine. And at last count about 25 percent of the modest endowment principal serving the University provides for the School of Medicine.

Until recently our medical school has not received the private support and state assistance that is commonplace among many other public universities, particularly in the South and Midwest. (Perhaps it was because of the school's dedicated pursuit of its mission while not pursuing recognition or actively cultivating private support.) Lately, acknowledgment on all levels and contributions from alumni and friends have taken a simultaneous upswing.

Many alumni donors indicate that much of what means the most to them wouldn't have been possible without their medical degree from Maryland. In addition, increased awareness and appreciation for the School of Medicine has been demonstrated by non-alumni donors. Their generosity certainly makes them friends of the tradition of education, service and research which began in 1807.

Since the last edition of the BULLETIN, the Board of Regents approved a number of new and privately created funds—listed below—for the School of Medicine. The creation of these special funds should maintain the leadership in generosity demonstrated last year by donors to the medical school. The new funds barely begin to span the void in endowment and restricted gift support which must be bridged on the road to excellence. But with ever increasing private support, the Medical Alumni Association and the Office of the Dean hope to narrow the gap.

Grollman Distinguished Professorship in OB-GYN

Through a testamentary commitment of \$200,000, Jaye Grollman '36 has become the first medical school alumnus and the first alumnus of the University to plan an outright bequest for the endowment of a professorship. Herbert Berger '32 was the first to provide a planned gift for the endowment of a chair.

As a memorial to his parents, Dr. Grollman's gift will create the Simon and Bessie Grollman Distinguished Professorship for the School of Medicine's Department of Obstetrics-Gynecology. The nature of the professorship reflects Dr. Grollman's distinguished career in obstetrics-gynecology in Washington, D.C.

Dr. Grollman's gift will obtain memorial membership for his parents in the John Beale Davidge Alliance of the School and the Medical Alumni Association and the Presidents Club of the University. In addition, Dr. Grollman will receive permanent acknowledgment from the same recognition organizations.

When the endowment fund begins to provide support, it will enable the medical school to enhance a faculty position for a distinguished medical educator in a way that would not be possible otherwise. The gift could make the difference in obtaining or retaining exceptionally talented faculty members for the School of Medicine.

In announcing Dr. Grollman's wonderful deferred gift, Dean John M. Dennis said, "*Because I am an alumnus of the medical school, I'm particularly pleased to report Dr. Grollman's thoughtfulness and, in addition, the continued increase of private support for our alma mater. But much remains to be done for the School of Medicine and it can only happen with private support. My personal goal is to insulate the high quality of our faculty from the unpredictable patterns of State and Federal assistance. Dr. Grollman's generosity is a giant step in the right direction.*"

Dr. Carlyle Crenshaw, Jr., professor and chairman of the Department of Obstetrics-Gynecology, anticipates that the Simon and Bessie Grollman Distinguished Professorship could do for Maryland what the E. C. Hamblen Professorship did for Duke where he held that position.

Dr. Grollman—the medical school's latest donor of a major planned gift—grew up in Baltimore. He attended the Baltimore City College and the UMAB School of Pharmacy before obtaining his M.D. degree. Today, Dr. and Mrs. Grollman enjoy the farmer's life at their home in Gordonsville, Virginia.

Yudkoff Annual Award for Cancer Research

The late William Yudkoff '29, a long-time practitioner of radiology in Bayonne, New Jersey, has been memorialized by his brother, Norman Yudkoff, of Silver Spring, Maryland. Mr. Yudkoff's gift will establish an annual award at the medical school to support a program or person involved in active research in the understanding and control of cancer.

A memorial membership in the School of Medicine's John Beale Davidge Alliance has been provided for Dr. Yudkoff.

Maryland's Surgical Society Establishes Buxton Memorial Lectureship

The School of Medicine received a gift of \$10,000 from the University of Maryland Surgical Society to establish the Dr. Robert W. Buxton Memorial Lectureship Fund.

Dr. Buxton was chairman of the Department of Surgery from 1955 to 1970 when he was killed in an automobile accident just outside of Rumania. He was an outstanding clinical surgeon, scholar and teacher.

Scholarship Funds

The University of Maryland and Johns Hopkins School of Medicine will share a unique scholarship fund of \$160,000. The fund was created as the result of a residual trust established by the settlement of the estate of the late Thomas A. Duncan of Baltimore, a longtime executive with Commercial Credit Corporation. Known as the Marcia Thomas Duncan Medical Scholarship, the fund will memorialize Mr. Duncan's wife.

Awarded to one needy, first-year medical student, the scholarship will be rewarded each year until the student has received his degree. The scholarship will then be awarded to another first-year medical student.

The fund will provide tuition at the non-resident level, fees, books and a living allowance of \$100 a month for the recipient. Under the same terms, the Duncan Fund will also provide scholarship assistance for medical students at the Johns Hopkins University.

The Greater Baltimore Medical Center, a 407-bed general hospital in Baltimore County, has established a scholarship fund for third and fourth year medical school students. It is the express wish of G.B.M.C. that the scholarships be awarded on the basis of merit to students who resided in Baltimore County at the time of their acceptance to medical school. Five \$1,000 scholarships will be awarded for the upcoming academic year.

Loan Fund to Honor Former Dean

Through the Medical Alumni Association, a loan fund was established by Francis N. Taylor '32 as a memorial to James M. H. Rowland, dean of the School of Medicine from 1917 to 1940. Dr. Rowland, an 1892 graduate of the Baltimore Medical College, became professor of obstetrics in 1915. A champion of

episiotomy and an advocate of Caesarian section for patients with placenta previa, Dr. Rowland developed a hospital program for obstetrical patients and organized an outdoor clinic and home delivery program.

Dr. Taylor, who practices obstetrics and gynecology in Petersburg, Virginia, provided the gift to honor the contributions of Dean Rowland to the school and the medical profession.

Widow Honors Physician-Husband With Bequest to the School of Medicine

The late Mrs. Eileen Mills Todd provided two memorial funds in her last will and testament to honor her husband, the late Homer U. Todd '08, a longtime Baltimore physician. The funds will be used in support of the School of Medicine at the discretion of Dean John M. Dennis.

Neil R. Bernstein, associate director of development and planning at UMAB, said, "Now more than ever, unrestricted support for the School of Medicine is an important and welcomed contribution."

Wilhelmsen Establishes Prize for Excellence in Surgery

The School of Medicine received a gift to establish the Dr. Hans R. Wilhelmsen Prize for Excellence in Surgery, an annual award made to a graduating medical student. The donor, Dr. Wilhelmsen '59, is a plastic surgeon and a resident of Lutherville, Maryland.

"We are absolutely delighted that Dr. Wilhelmsen has contributed this prize to the department of surgery," says Dr. Joseph S. McLaughlin, professor and acting chairman of the Department of Surgery. "This award provides us with an additional way to recognize outstanding talent."



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1920's

John L. Winstead '25 a retired general surgeon, has been disabled since 1969. Widowed in June, 1980, Dr. Winstead is living with his son John L. Winstead, Jr., in Greenville, N.C.

Byruth Lenon-Bambros '27 was guest speaker at the Woman's Welsh Club of Baltimore recently and her topic was "Reminiscences of a Woman Doctor, Class of 1927."

Jacob H. Conn '29, of Baltimore, completed 50 years on the active staff at the Johns Hopkins Hospital and received the Gold Medal for outstanding contributions to scientific hypnosis, as well as the Raginsky Award for leadership and achievement as a distinguished psychiatrist, teacher, scientist, and pioneer in hypnotherapy.

1930's

David R. Levine '31 has served four terms as censor to the Kings County Medical Society and five terms as convention delegate to the New York State Medical Society.

Irving Burka '32 is medical director and former president of the National Capital Foundation P.S.R.O. for the District of Columbia. Dr. Burka was president of the Medical Society of the District of Columbia and is partially retired from the practice of internal medicine.

Myron L. Kenler '33 of Lauderhill, Florida, has retired from the University of Miami student health service and is now attending Nova University's program for retired professionals.

Karl F. Mech, Sr., '35 completed a one-year assignment as advisor to University President, Dr. John S. Toll, concerning affairs of the Hospital and the Maryland Institute for Emergency Medical Services Systems.

Following investigation of the role of hostility in medicine, begun in 1945 at Johns Hopkins, **Milton Layden** '38 authored "Escaping the Hostility Trap" (Prentice-Hall, 1977).

Kennard Yaffe '38 is practicing family medicine in Baltimore, Maryland. He is active in the Baltimore City Medical Society as vice-president, delegate to the state medical society and member of the Executive, Peer Review and Health Care Delivery Committees. Dr. Yaffe is chairman of the board of the Baltimore City P.S.R.O. and actively involved with the Medical and Chirurgical Faculty of Maryland and Central Maryland Health Services Agency.

1940's

Louis O. S. Manganiello '42 practicing neurosurgery in Augusta, Georgia reports his daughter, Vicki, will enter the Medical College of Georgia in September, 1981.

José M. Torres-Gómez '43M was secretary at the XI Interamerican Congress of Cardiology held in San Juan, Puerto Rico. He was Puerto Rican governor for the American College of Physicians and the American College of Cardiology. Practicing internal medicine and cardiology in San Juan, Dr. Torres-Gómez is associate professor of medicine at the University of Puerto Rico School of Medicine and chief of medicine at the Veterans Hospital in San Juan.

Benjamin K. Silverman '48 holds the position of associate editor of *Clinical Pediatrics*. Dr. Silverman has been consultant to the National Institute for Child Health and Human Development, the Institute of Medicine of the National Academy of Sciences, and the Select Panel for the Promotion of Child Health. He is clinical associate professor of pediatrics at the new Jersey College of Medicine and attending pediatrician at Princeton Medical Center.

Albert B. Sarewitz '49 is treasurer at the Hospital Center at Orange, New Jersey, where he joined the board of trustees in 1978 upon his election as president of the medical and dental staff. He is also attending physician in the Department of Medicine, sections of internal medicine and cardiology and chairman of the Ewing Cardiac Unit. He is a fellow of the American College of Physicians, American College of Cardiology, Council on Clinical

Cardiology of the American Heart Association, and a diplomate of the American Board of Internal Medicine.

1950's

Hugh V. Firor '53 was appointed the first chief of the Department of Pediatric Surgery at the Cleveland Clinic, Cleveland, Ohio. He was formerly chief of pediatric surgery at the Cook County Hospital in Chicago and, more recently, professor of surgery and pediatrics at Texas Tech University School of Medicine.

1957 Classmates: Emil Aftandilian, Rt. 3, Box 5, Senatobia, MS 38668, would be interested in hearing from you if you have a class photograph or an extra copy of the yearbook. It seems all his possessions were burned in a house fire.

Raymond J. Donovan, Jr. '58 is president-elect of the medical staff and co-director of the hospice-home care program at St. Agnes Hospital, Baltimore, Maryland.

1960's

Wilson A. Heefner '60 chief of staff at Dameron Hospital, Stockton, California. He is also chief of professional services for the 352nd Evacuation Hospital, United States Army Reserve, Oakland Army Base, California.

C. Earl Hill '60 is secretary/treasurer of the medical staff of University of Maryland Hospital and consultant to the Residency Assistance Program, a national advisory group for family practice residencies. Dr. Hill is a member of the State Board of Medical Examiners and the Parke-Davis Awards Committee, American Academy of Family Physicians.

Jerrod Normanly '60 has been in private practice of neurology for the past 11 years in Gilray, California and teaches at the Stanford Neurology Clinic.

Following a fellowship in colon and rectal surgery at Henry Ford Hospital, Detroit, **J. Nelson Brouillette '61** is presently practicing colon, rectal surgery and proctology in Orlando, Florida.



Dr. Beazley

Robert M. Beazley '63, New Orleans, has been named professor of clinical oncology by the American Cancer Society. In support of the professorship, a five-year, \$125,000 grant has been given to the Louisiana State University School of Medicine. The award is one of only 17 such honors given throughout the nation.

Following a general surgical residency under a Frederick A. Coller Traveling Fellowship and an associate residency in general surgery at the University of Edinburgh, Scotland, he returned to Maryland as assistant professor and a senior investigator in the surgery branch at the National Cancer Institute, Bethesda. Now professor of surgery, Louisiana State University School of Medicine, Dr. Beazley is chairman of the Louisiana Cancer and Lung Trust Board and a member of the National Cancer Institute's Clinical Cancer Education Committee.

Raymond D. Bahr '62 is director of the coronary care system at St. Agnes Hospital, Baltimore, Maryland.

Robert L. Doyle '64 wishes to announce that Dr. Earl P. Galleher, Jr., associate professor of surgery at University of Maryland Hospital from 1960-1980 joined Drs. Doyle and Silber in the practice of urology.

Carolyn J. Pass '66 married to her classmate **Richard M. Susek** (ophthalmology),

has two sons, Steven, 14 years and, Gary, 11 years. She is the daughter of **Isidore Earl Pass '37**, a local family practitioner and internist. Dr. Carolyn Pass maintains a full-time private practice in dermatology and is assistant professor of dermatology at University of Maryland. She was recipient of a Gold Medal from the American Academy of Dermatology for an exhibit "The Rehabilitation Index" and has served as president and secretary/treasurer of the Maryland Dermatologic Society.

John W. Gareis '67 is practicing radiology at Lancaster General Hospital, Lancaster, Pennsylvania, where he is chief of computerized tomography service.

Ed. Note: The BULLETIN apologizes to Howard A. Davidov '69 who was listed in the Honor Roll in the Fall issue as Howard A. Davidson.

1970's

Following pediatric training and a two-year fellowship in pediatric endocrinology at Johns Hopkins, **Leslie Parker Plotnik '70**, holds a full-time faculty position as assistant professor of pediatrics at that institution. The major areas of her research include growth disorders and disorders of carbohydrate metabolism. She married **Gary D. Plotnick '66** and they have two sons, Michael, 9 years, and Daniel, 4 years.

Charles B. Marek '70 practicing obstetrics and gynecology in Baltimore, Maryland, announces a daughter, Dawn Marie, born September 21, 1978 and a son, Charles B. III, born October 20, 1980.

Ronald Tyne Stauble '72 is in family practice in Springfield, Illinois, and is clinical assistant professor at the Southern Illinois University School of Medicine. Dr. Stauble is a major in the Army Medical Corps and his wife, Helen, a captain in the Army Nursing Corps. Both are members of the Illinois National Guard. They have two sons, aged 10 and 8 and a one-year old daughter.

Richard A. Block '74 completed a residency in obstetrics and gynecology at University of California, Irvine Medical Center in 1980 and is currently involved in a maternal-fetal medicine fellowship.

Dawn V. Obrecht '74 states her greatest accomplishment was giving birth to two wonderful daughters and combines their care with her part-time family medicine practice. She is involved in a preceptorship program at the University of Colorado School of Medicine and works as attending staff physician in the University's emergency room. Dr. Obrecht, married to **H. Hershey Sollod '72**, states " both medicine and 'mommying' is working well for me—I couldn't give up either!"

Luis Queral '74, assistant professor in the Department of Surgery, has become a fellow of the International College of Surgeons.

June K. Robinson '74, assistant professor of dermatology and surgery at Northwestern University School of Medicine, is director of Mohs' surgery for skin cancer and is the only woman trained in this technique practicing at this time in the country. She was awarded a research grant from the Dermatology Foundation for research in the mechanisms of development of skin cancer. In January, 1981, she married William T. Barker, a corporate lawyer.

James Campbell '75 presented a paper "The World of Ligaments—and Beyond," at the Eastern Orthopedics Association annual meeting held in Puerto Rico recently. The Founders Award paper, presented annually to the association, was co-authored by Drs. Campbell, Stephen Max and Charles C. Edwards '68. A former resident at the University of Maryland Hospital, Dr. Campbell is now a full-time assistant professor of orthopedics with a specialty in pediatrics and sports medicine.

James H. Somerville '75 is in private practice of internal medicine and nephrology in Minneapolis, Minnesota.

Lani Smith Majer '76 is chief of pediatrics at the McCready Memorial Hospital in Crisfield, Maryland and at age 28, is the first physician to specialize in pediatrics in Worcester County. She is married, has a two-year old son and is completing a three year obligation with the USPHS in Calvert County.

Peter E. Rork '79 presented a paper on chondromalacia of the patella at the International Symposium of the knee. Dr. Rork chose a less conventional method to finance his education. He literally became airborne—having learned to fly in high school, he later acquired commercial and instructor's licenses and taught flying at Lee Airport in Annapolis, Maryland. With the demands of his training, he was always able to find a student willing to go up

whenever his schedule would permit. A residency in orthopedic surgery at the University of New Mexico in Albuquerque followed graduation.

1980's

On June 1, 1980, **Harriet Cohen '80** married Mark S. Koppelman, a Baltimore accountant.



Irving Kessler, M.D., professor and chairman of the Department of Epidemiology and Preventive Medicine and **Peter Warschawski, Ph.D.**, assistant professor in the department, both chaired workshops on research issues at the American Medical Association Fourth National Conference on the Impaired Physician. Dr. Warschawski had his paper "The Introduction of Medical Students to Gerontology and Geriatrics," delivered at the 33rd Annual Scientific meeting of the Gerontological Society in San Diego.

Leon Wurmser, M.D., director, alcohol and drug abuse program, published "Phobic Core in the Addictions and the Paranoid Process" in the *International Journal of Psychoanalytic Psychotherapy* 8:311-335. Dr. Wurmser recently gave two discussion papers: "Technical Implications of the Post-Metapsychological Era" at a meeting of the American Psychoanalytical Association in New York and "Common Forms—Logical and Illogical" at a meeting of the Baltimore-DC Society for Psychoanalysis.

George J. Pipis, M.D., is director of the Genitourinary Clinic Hospital in Nicosia, Cyprus.

David J. Silverman, Ph.D., assistant professor in the **Department of Microbiology**, has been awarded a \$181,303 three-year grant by the National Institute of Allergy and Infectious Diseases (NIAID) for the study of the interaction between *Rickettsia rickettsii*, the cause of Rocky Mountain spotted fever, and human endothelial cells. **Isadore G. Anes '59**, professor of obstetrics and gynecology, is a co-investigator.

Also in microbiology, **Barbara A. Hanson, Ph.D.**, research associate, has received a \$151,310 three-year grant from NIAID to study scrub typhus variations and membrane antigens.

Stephen R. Max, Ph.D., associate professor in the **Department of Neurology**, has been awarded a \$100,000 grant from the National Aeronautics and Space Administration for research on "Gonadal Steroids and Muscle Atrophy."

The research is related to the problem of disuse atrophy experienced by astronauts who spend extended periods of time in a microgravity environment. The disuse of postural muscles leads to their atrophy.

Dr. Max's research will be concerned with biochemical mechanisms underlying atrophy and ways to prevent or reverse the condition.



John G. Wiswell 1919—1981

On Sunday, April 19, 1981, John G. Wiswell died suddenly of a heart attack. The School of Medicine and Hospital lost one of its devoted faculty members, a fine teacher and a noted endocrinologist.

Born in Halifax, Nova Scotia in 1919, the son of a distinguished physician, Dr. Wiswell was recognized throughout the country as an authority in endocrinology. His early studies on the function of the thyroid gland and of epinephrine in relation to human illness are acknowledged as unique and significant.

His baccalaureate and medical degrees were awarded by Dalhousie University. Further medical training at Royal Victoria Hospital in Montreal and Massachusetts General Hospital in Boston was followed by fellowship training in steroid biochemistry, at the University of Utah with Dr. Leo Samuels and, in medicine, at the Johns Hopkins Hospital under Dr. Samuel P. Asper. Appointed to the faculty of the Johns Hopkins University School of Medicine in 1953, he became involved in teaching and clinical investigative studies at Baltimore City Hospitals, an affiliated institution of the Hopkins.

In 1955, Dr. Wiswell joined the faculty of the University of Maryland School of Medicine as assistant professor of medicine and progressed through the academic ranks to full professor by 1967. He was selected to

reorganize the department of medicine at the Baltimore Veterans Administration Hospital, an important affiliated hospital service of the University. Here his mature capabilities greatly assisted medical students and house officers in their medical training.

For many years Dr. Wiswell served most effectively as assistant to the chairman of the Department of Medicine at Maryland. He also headed the committee which recruited graduates from medical schools throughout the nation who were seeking advanced medical training here. In this and many other positions of responsibility, Dr. Wiswell performed objectively, fairly and without delay. In spite of his busy schedule, Dr. Wiswell continued as a consultant in endocrinology at the Baltimore City and United States Public Health Hospitals.

"John Wiswell is the kind of physician whom other physicians like and respect and without a man of his stature, no department of internal medicine in an academic center can succeed," Dr. Theodore E. Woodward, chairman of the department said. "His type is irreplaceable."

Dr. Thomas B. Connor, his long-time associate in the department voiced these sentiments and added, "John was a superb clinician and teacher with whom it was a privilege to work." This sentiment was expressed by everyone who knew him.

His educational accomplishments led to his membership in various national societies including the Endocrine Society, American Thyroid Association and American Clinical and Climatological Association. He was a diplomate of the American Board of Internal Medicine and a fellow of the American College of Physicians.

The Medical Alumni Association is especially indebted to him. He was a faithful, non-graduate member of the association and served on the board of directors from 1975-1978. Despite a progressive neurologic disability which made it difficult for him to get about, he never missed a board meeting. He assisted the association in giving important advice and counsel especially in matters relating to endowments.

He further served as secretary-treasurer of the Endowment Fund of the University of Maryland for many years and continued this activity up to the time of his death. This was so typical of his dedication and devotion to this institution.

On January 6, 1981, at the age of 90, **Harry Lee Rogers '15**, Cockeysville, Maryland. After serving in the Army Medical Corps in France during World War I, Dr. Rogers practiced orthopedic surgery for more than 50 years. He was chief of orthopedic surgery at Lutheran Hospital, Baltimore, and was known for his work on broken hips.

On February 28, 1978, **Alfred N. Sweet '18**, East Hampton, Connecticut. While in the practice of orthopedics in Middletown, Connecticut, he established the Department of Orthopedics at the Middlesex Memorial Hospital and was chief until his retirement. During World War I, Dr. Sweet served as medical officer in the United States Navy.

On February 9, 1981, at the age of 86, **Morgan LeRoy Lumpkin '19**, Baltimore, Maryland. He maintained a private practice in otolaryngology until September, 1980 and was chief of otolaryngology at Maryland General Hospital, Baltimore. During World War I, he served as corporal in the Army.

On February 21, 1981, at the age of 82, **Samuel Hearn Culver '21**, Freeland, Maryland. He maintained a general practice in Baltimore into the 1960's. After retirement, he became associated with the Baltimore regional chapter of the Red Cross and the chemistry department of the Baltimore City College. Dr. Culver was a member of the 50-year Club of American Medicine.

On March 21, 1979, at the age of 82, **Thomas Alfred Clawson '24**, Los Altos, California. Dr. Clawson practiced internal medicine in Salt Lake City, Utah, for 45 years following fellowships at Johns Hopkins and the Mayo Clinic. He was a colonel in the Army Medical Corps from 1941 to 1946.

On December 28, 1980, at the age of 78, **Louis L. Weiss '26**, Bay Harbor Islands, Florida. After retiring from family practice in 1972, in Brooklyn, New York, Dr. Weiss

retired to Florida and became involved in civic and community affairs. He was associated with the New York City Health Department in areas of child health, nutrition and school health. Dr. Weiss was awarded a Certificate of Merit and Selective Service Medal by President Harry S. Truman for uncompensated service during World War II.

On March 16, 1981, at the age of 80, **Benjamin S. Rich '28**, Baltimore, Maryland. Dr. Rich retired from private practice of otolaryngology in 1974. Former chief of otolaryngology at Union Memorial Hospital, Baltimore, he is credited with developing widely used improvements in tonsillectomies and adenoidectomies. He was a clinical instructor at University of Maryland Hospital and a retired major in the Army Medical Corps Reserve.

On March 22, 1979, at the age of 70, **Manuel Espinosa '33**, Santurce, Puerto Rico. An orthopedic surgeon, Dr. Espinosa founded a center for the evaluation and treatment of cerebral palsy patients. Under his direction, the center developed into a complete multidisciplinary facility until it was associated into the Crippled Children Program of the Commonwealth of Puerto Rico.

On February 16, 1981, at the age of 72, **Julius M. Waghelstein '35**, Baltimore, Maryland. Engaged in private practice of internal medicine, Dr. Waghelstein was head of the Department of Medicine at Franklin Square Hospital, and assistant chief of medicine at Lutheran Hospital.

On March 7, 1981, at the age of 63, **Otto C. Phillips '42**, Pittsburgh, Pennsylvania. A specialist in obstetrical anesthesiology, Dr. Phillips practiced in Baltimore for many years before moving to Pittsburgh in 1961. He served on the faculty at the University of Pittsburgh and retired last year as head of the Department of Anesthesiology at West Penn Hospital. He developed a new form of laryngoscope which bears his name and was active in research. During World War II, he served in the Army Medical Corps as a flight surgeon in the Pacific.

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Summer/Fall, 1981

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ABOUT THE COVER: At the alumni reunion Bernard S. Karpers, Jr. '62, Ronald J. Taylor '73, Benjamin M. Stein '35 and D. Frank Kaltreider '37 were installed as president, treasurer, president-elect and secretary, respectively, of the Alumni Association for 1981-1982.



CLASS OF 1931 RETURNS FOR GOLDEN ANNIVERSARY REUNION

Twenty-two members of the medical school class of '31, returned May 27 and 28 for a golden anniversary reunion. The returnees, about half of whom are retired, came from Florida, Kentucky, New Hampshire, New York, North Carolina, Pennsylvania and Puerto Rico to join the Maryland contingent for two fun-filled days.

Class of '31 returnees were entertained by the Dean of the School of Medicine at a special reception prior to a private dinner at a local restaurant. The restaurant selected for the occasion is in the same building where, in 1801, a medical dispensary was formed to provide medical care for needy citizens. One of the first free clinics in the United States, the Baltimore General Dispensary continued to operate for almost 150 years and was, in fact, offering poultices and nostrums to heal the body when the Class of '31 were freshman medical students just a few blocks away. Recently reopened as a restaurant, but retaining the original name, the site supplied an aura of nostalgia to the affair.

The returnees were guests of the Medical Alumni Association at the reunion banquet and program on May 28 and were presented certificates in recognition of their many years of service in medicine.

In tribute to the 50-year celebrants, the BULLETIN reprints their biographical sketches and congratulates them on their newly acquired emeritus status.

David H. Andrew, retired from general practice in Dundalk, Maryland, enjoys the sunny life of Honolulu with his wife, Louise. While leaving the business of practicing medicine to his son, David, he finds pleasure in reading and playing with his grandchildren.

Henry I. Berman, retired and living in Boston, Kentucky, was chief of urology at the Veterans Hospital in Louisville, Kentucky. He is also clinical associate professor emeritus at the University of Louisville and a retired United States Air Force Colonel.

A. Talbot Brice is moderately active in general practice, and finds hunting, fishing, and gardening his favorite hobbies. He and his wife, Alyce, reside in Jefferson, Maryland, and have two children, Arthur and Patricia.

John L. Brill, a native of Philadelphia, Pennsylvania, is retired from general practice. Dr. Brill is the father of three children—Richard, Stella and Abraham.

Melvin B. Davis, a retired family practitioner, resides with his wife, Ruth, in Dundalk, Maryland. The Davises have four daughters—Jacqueline, Susan, Deborah and Pamela.

David S. Eisenberg, a retired pediatrician, is presently medical director of the Auburn Memorial

Hospital in New York where he resides. A retired lieutenant and a widower, he has two sons, Ronald and Donald, and finds time for reading, swimming, and traveling.

Samuel A. Feldman retired in 1977 from internal medicine and cardiology in New York City, and now resides in Pompano Beach, Florida where he keeps occupied with music, the theatre, and cardio-thoracic meetings. However, he admits to golf, bridge, dancing and scotch for diversion. The Feldmans have a daughter, Phillis, and a son, William.

Isadore K. Grossman, a Baltimore internist, finds enjoyment in "working slowly and pleasantly at reduced speed." He and his wife Esther, have a daughter, Vivian and two physician sons, Joshua and Zachary.

Donald B. Grove, a general surgeon, resides in Cumberland, Maryland, with wife, Gladys. His hobbies are golf and gardening.

Rachel Krebs Gundry retired in 1971 as director of the Gundry Hospital, Baltimore. A psychiatrist, she continues to see a few old patients and finds recreation in greenhouse gardening, stone sculpture, and wood carving.

Marvin Ray Hannum practiced general medicine in the Detroit area and now resides in South Carolina with his wife, Esther. The Hannum's have three children—Evelyn, Charles and James, a physician. Dr. Hannum pursues outside business interests as his hobby.

Raymond F. Helfrich is a retired general surgeon and resides in Baltimore. A classmate attributes his current chronic sinusitus condition to sitting next to Dr. Helfrich's corncob pipe during their student days.

Reuben Hoffman, suffering from chronic sinusitis, practices in Baltimore, where he resides with wife, Bessie. The Hoffman's have two sons, Joseph and George. Dr. Hoffman says he is still working "six mornings and one evening" and his hobby is "work."

Kent M. Hornbrook, an inveterate reunion attendee, is retired and resides in New Martinsville, West Virginia, with wife, Marjorie. They have three sons, "all grown" he says—Roger, Robert, and William.

Samuel M. Jacobson, in internal medicine, cardiology and electrocardiography, is "still practicing and enjoying it." Founder and president of the Heart Association, he still finds time for golfing, synagogue and community affairs in Cumberland, Maryland. Dr. Jacobson and his wife, Minnie, have two children, Joel and Marcia.

Frank H. Jaklitsch resides in Long Island, New York, with his wife, Florence, has three children—Frank, Raymond and Mary Ellen. Retired from emergency and industrial medicine, Dr. Jaklitsch says, "(I) sold my practice to three new M.D.'s—it took three young guys to replace me!!!" He enjoys gardening, art and painting and has written several articles, including "A New York Garbage Man Was Better Off Than An M.D." for the AMA News.

Carl D. F. Jensen, a retired ophthalmologist, resides in Seattle, Washington, with his wife, Carolyn. Father of five children, retirement allows him to pursue hobbies of golf and sailing.

Page C. Jett, in general practice, resides in Prince Frederick, Maryland, with wife, Vashti and is principal physician for the Calvert Nursing Home. Father of two children, Linda and Robert, he relaxes with photography and gardening.

Abraham Karger and wife, Ruth, reside in Scarsdale, New York, and have two children, Helen and Howard. In general practice and ENT, Dr. Karger says "I am retired and spending time between New York and Florida."

David R. Levine, in family practice in Brooklyn, New York, is active in various professional

societies and enjoys photography and golf. A collector of tie pins and cuff links, Dr. Levine and wife, Florence, have two children, Susan and Neil.

John F. Masterson and wife, Marion, reside in Irvington, New Jersey, where he is a general surgeon. The Mastersons have three sons, all of whom are physicians.

Leo Martin Meyer, a hematologist and chief of the VA sickle cell screening and education program, resides in Rockville Centre, New York, with wife, Lillian. The Meyers have a daughter, Brenda.

Richard L. Murphy, a part time internist, resides in Manchester, New Hampshire, with wife, Irene, a registered nurse. The Murphys have two sons, Richard and David. Golf and gardening are Dr. Murphy's hobbies.

Manuel Rodriguez Ema, a family practitioner, is also medical director and president of the board of San Martin Hospital, San Juan, Puerto Rico, where he resides with wife, Vilma. The father of four children, he is active in many professional societies and is president of the Lions Club.

John K. Rozum, a general surgeon in Miami, Florida, resides in Coral Gables with wife, Regina. The Rozums have three daughters, Jenne, Karol and Joan and nine grandchildren. A lifetime member of the American College of Surgeons and honorary member of the Knights of Columbus, Dr. Rozum enjoys golf, bowling and fishing.

William M. Seabold, a retired pediatrician, resides in Baltimore with wife, Esther, and enjoys golf. The Seabolds have three children, William, Robert, and Gretchen.

Arthur G. Siwinski, former President of the Medical Alumni Association, resides in Florida with wife, Martha. A consultant for the Social Security Disability Program, he enjoys church work, reading and traveling. He remembers well his school days and the pungent aroma of the formalin spice mixture used to moisten cadavers — and how people on his streetcar moved away!

Michael Skovron, an orthopedic surgeon in Erie, Pennsylvania, also resides there with wife, Jean. He discontinued operating early this year allowing time for photography, travel and golf. Of golf, "Always use the friendly grip" — he says. "Never use the bone crusher or the limp paw."

Marvin Longworth Slate, a retired family practitioner, enjoys fishing, gardening and traveling and resides in High Point, North Carolina, with wife, Marion. He is a life member of the North Carolina Medical Society and was named 1978 Citizen of the Year by the High Point Civitan Council. He has two children, Margaret and Marvin, Jr.

Alexander Slavcoff and wife, Dorothy, reside in Harrisburg, Pennsylvania. The Slavcoffs have a daughter, a son and four grandchildren. Dr. Slavcoff says, "I have closed my office but I am not retired." He is consultant for utilization for the Department of Welfare of Pennsylvania.

Sol Smith, an internist in Baltimore where he resides with wife, Sadie, is consultant for the Social Security Disability Program and enjoys reading and sports. The Smiths have two children and four grandchildren.

W. Alfred Van Ormer, who finds enjoyment in bird dogs, golf and traveling, is still practicing internal medicine. He resides in Cumberland, Maryland, with his wife, Jean. The Van Ormers have three children.

Henry Wigderson is chief of neurosurgery at the Catholic Medical Center of Brooklyn and Queens in New York. A photographer by avocation, he resides in Hollis, New York with wife, Dorothy. They have three children — Jonathan, Seth and Katherine.



Reunion '81

12

20



**Reunion classes gather
at the cocktail reception
before going on to their
class parties**



Class of '41



Class of '56



Class of '61



Class of '51



Class President

Wayne Gaines '81



Raymond Donovan and
Francis Reynolds '21

Banquet



Isadore Tuerk receives Gold Key from Virginia Huffer



John S. Toll, University
President



**Bernard & Helen Kleiman
Charles & Carol Audet
Francis &
Marjorie Reynolds
Daniel & Deanie Ehrlich**



**Virginia Huffer
Robert &
Dorothy Goldstein
William & Susan Dunseath
Robert & Bette Singleton
Virginia Levickas**



**Bernard & Annamay Leung
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At the 1981 commencement, University of Maryland at Baltimore, David Morris Kipnis '54 received the Honorary Degree of Doctor of Science from the University.

Dr. Kipnis is the Busch professor and chairman of the department of internal medicine at Washington University School of Medicine in St. Louis and physician-in-chief at Barnes Hospital. Originally from Baltimore, he graduated summa cum laude from the University of Maryland School of Medicine in 1954 and continued to distinguish himself in medical education and research. Today he is regarded as one of the country's leading authorities on clinical carbohydrate metabolism, a process crucial to the understanding of diabetes.

After three years of post-graduate training in medicine at The Johns Hopkins Hospital and Duke University Hospital, Dr. Kipnis served as chief resident under Dr. Theodore E. Woodward in the department of medicine at the University of Maryland. His residency was followed by an American College of Physicians research fellowship at Washington University School of Medicine, where he studied carbohydrate metabolism under Dr. Carl Cori, a world leader in the field and a Nobel Prize winner.

Dr. Kipnis's outstanding medical background and his interest in research enabled him to become a Markle Scholar in Medical Science while he was at the University of Maryland. The award was transferred when Dr. Kipnis began his investigative work at Washington University. He joined the faculty there in 1957, progressed through the academic ranks and was appointed professor of medicine in 1965. Since 1960 he has directed the Washington University Clinical Research Center and conducted significant investigative studies on carbohydrate metabolism and on the mechanism of action of insulin. Because of his achievements and special talents, Dr. Kipnis was named to chair the department of internal medicine in 1973.

In recognition of his outstanding research, the American Diabetes Association has awarded him its Banting Medal in 1972 and 1977 and its Lilly Award in 1967. He has served as a visiting professor and lecturer at numerous institutions and is a member of the editorial and advisory boards of several medical journals. For six years he was editor-in-chief of the journal *Diabetes*.



Kipnis Receives Honorary Degree

Medical Alumni Association honors Dr. Isadore Tuerk

In accepting the Honor Award and Gold Key, an annual award for distinguished and outstanding contributions to medicine and mankind, Dr. Tuerk stated:

"I am deeply grateful for the honor accorded me by the Medical Alumni Association. I hope you will bear with me as I develop briefly the course of my relationship with this Association, a brief history of my activities as commissioner of mental hygiene, and also a brief history of my work with alcoholics. Many of the developments in the field of alcoholism occurred independently of my personal effort.

"The Alumni Association has been developing increasingly into a significant and vital part of the University of Maryland. I have had a very happy relationship with the Association and have enjoyed my participation in the annual phonathon and the privilege of the contacts with the members of my class throughout the nation. As commissioner of mental hygiene, in addition to the activities attributed to me, I had a most gratifying experience in contributing to the transfer of ground to the University of Maryland for the construction of the Baltimore County Campus. I was also privileged to participate in the creation and early financing of the Baltimore City Day Hospital for the mentally ill and emotionally disturbed. In association with Dr Albert Kurland I was able to participate in the budgeting and construction of the Psychiatric Research Center at Spring Grove and its later transfer to the aegis of the University of Maryland and of the University of Maryland



Hospital. Another satisfying experience was the planning and budgeting for the Carter Center for the treatment of the mentally ill and retarded, a facility located near the University of Maryland Hospital.

"Throughout my professional career I have been intensely interested in the understanding and treatment of alcoholism. In the 1980 edition of *The Comprehensive Textbook of Psychiatry*, Dr. Melvin Selzer wrote a chapter in which he states that '*Alcoholism is usually referred to as the country's third most serious public health problem following cardiovascular disease and cancer. However, in terms of total morbidity as contrasted to mortality, it is probably the number one health problem in the United States.*' I became involved in the care of alcoholics in State mental hospitals in 1934. About 30 years ago I had the good fortune with the approval of Dr. Jacob Fine-singer, then professor and chairman in the Department of Psychiatry at the University Hospital, to start a treatment program for alcoholics in a large room on the first floor of the Psychiatric Institute. After spending about twenty years with this project, it was continued under other leadership. We met every Saturday morning and I spent one hour or more in individual therapy but more importantly I began group therapy for alcoholics. Each session lasted two or more hours and rapidly expanded so that it was usual to have forty or more participants. The group was varied, enthusiastic, and participated eagerly in the lively discussions. Participants were

from all walks of life: some belonging to Alcoholics Anonymous; some taking antabuse; some had individual treatment; some were referred by the courts; some questioned whether they were alcoholics; some were spouses or other relatives of alcoholics. Gradually a psychiatrist and a social worker became associated in the conduct of the group. The main theme I advanced was that alcoholism is a treatable illness with the goal being total and sustained abstinence and sobriety. Fascinating human situations were revealed and discussed and much was learned about the dynamics of relapses and factors contributing to the achievement and maintenance of sobriety. Many of the group members steadfastly attended the meetings. Many would come from time to time and many joined Alcoholics Anonymous.

"As time went on other resources began to develop in the community. The Department of Mental Hygiene developed a Division of Alcoholism Control with Dr. Maxwell Weisman as director and Ms. Gertrude Nilsson as program director. Tuerk House, a quarterway house, came into existence and was closely affiliated with the University of Maryland Hospital. Treatment programs began to appear in general hospitals and emergency

rooms became more knowledgeable in the treatment, referral and follow-up of alcoholics. Half-way houses appeared and training programs for the creation of alcoholism counsellors were developed by Dr. Schneidmuhl.

"I went on after my retirement as commissioner of mental hygiene to work with alcoholics in private practice, in a private psychiatric hospital and also in an alcoholism treatment center. Legislation was enacted providing better understanding and care for alcoholics. Many fine professional workers in the field of alcoholism emerged from the group.

"All of these opportunities and developments gave me great gratification and feelings of worth. My association with the University of Maryland School of Medicine and Hospital and the Alumni Association, and this award will remain a source of great pride.

"My wife has been an invaluable and indispensable ally in all these activities and accomplishments.

"I am most appreciative and I humbly accept the award."



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at Medical Alumni Banquet
on eve of graduation as
they and their classmates
continue training*



Arianna and Frederick Hatem '51 and daughter, Joanne '81



Mary and William B. Rever '50 and daughter, Linda '81

Graduating 179 men and women, the School of Medicine participated in the National Resident Training Program placing 177 graduates in residency programs in 27 states and the District of Columbia. Maryland area hospitals attracted 39 percent of the class with over half that number training at University of Maryland Hospital.

The matching resulted in residencies in medicine for 61 graduates, family practice 37, general surgery 28, pediatrics 11, obstetrics and gynecology and flexible 9 each, psychiatry 7, pathology 8, anesthesiology 3, and one each in radiology, rehabilitation medicine, ophthalmology and public health.



The Schnapers—William '75, Lauren '81 and Nathan '49



Lawrence Galitz '81 with parents Harriett and Eli '43D

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Practice

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John B. '56 and Virginia Littleton with son Paul A. '81 and Susan



Lillian and Francis J. Townsend, Jr. '42 with son Francis J., III '81 and Maureen Bria

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Medicine-Primary

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Medicine

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Gifts directed to the Medical Alumni Association broke all records this past fiscal year, exceeding our budgeted goal of \$200,000. Many other gifts directed to the Office of the Dean and the Woodward Tribute Committee will be reported in subsequent issues when there is a complete accounting of all sources of gifts received on behalf of the School of Medicine.

It is with extreme pride and gratitude that the following list of alumni is published as an expression of appreciation of the Board of Directors, Dean John M. Dennis and, especially the students.

Gifts received after July 1, 1981 do not appear in this Honor Roll.

We regret any omissions and will make corrections in the next issue.

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 Alfred W. Grigoletti '56
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 Donald B. Grove 31
 Jean Jacques Gunning 54
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 Carlton L. Halle 59
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 George V. Hamrick 48
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 Frederick J. Hatem '51
 John S. Haught 43D
 James W. Hayes 54
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 Robert F. Healy 34
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 James M. Kelsh 58
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 Joseph D. Nataro '25
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 Jerrod Normanly '60
 Jean M. C. O'Connor '54
 John M. O'Day '72
 Michael A. Oldstone '61
 Francisco E. Oliveras-Armstrong '57
 Barry E. L. Omitsky '66
 Charles R. Oppegard '57
 Eric M. Orenstein '80
 Carl I. Orfuss '66
 Joseph C. Orlando '67
 Morton C. Orman '73
 Thomas R. O'Rourke, Jr. '62
 T. Kenneth Orton '62
 Clark Lamont Osteen '56
 Philip Owen '35
 Nicholas A. Pace '59
 Hernan Padilla '63
 Constantine J. Padussis '73
 S. Malone Parham '45
 Carolyn J. Pass '66
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 David H. Patten '54
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 Clarence W. Peake '27
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 Elden H. Pertz '47
 Preston H. Peterson '43M
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 J. Jay Platt '48
 Marvin S. Platt '56
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 Irvin P. Pollack '56
 M. C. Porterfield '29
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 Phyllis K. Pullen '62
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 Howard F. Raskin '49
 Peter Rasmussen AM
 D. S. Rasmussen-Taxdal '52
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 G. Edward Reahl, Jr. '56
 Joseph E. Reahl '45
 Richard C. Reba '57
 John M. Recht '43D
 Charles E. Reckson '64
 Julian W. Reed '52
 Richard H. Reed '66
 Gerald M. Rehert '70
 Jerome P. Reichmister '64
 Michael J. Reilly '65
 Elton Resnick '37
 Samuel T. R. Revell, Jr. '37
 Walter J. Revell '41
 Louis F. Reynaud '50
 Virginia M. Reynaud '50
 William F. Rhea '59
 John Rizzolo '38
 Donald C. Roane '65
 Robert R. R. Roberts '54
 Martin H. Robinson '37
 Milton I. Robinson '35
 Neil A. Robinson '60
 Walker L. Robinson '70
 William H. Robinson '45
 Edsel A. Rodriguez '48
 Clinton L. Rogers '60
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 Robert R. Rosen '49
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 O. Ralph Roth '50
 Carl F. Rothschild '40
 John R. Rowell, Jr. '67
 Richard S. Rude '43M
 Ann E. Ruderman '74
 Norman E. Rudy '50
 Donald J. Russ '73
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 Edwin R. Ruzika '39
 C. Edmund Rybczynski '59
 Alfred J. Saah '73
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 Henry A. Saiontz '65
 Howard I. Saiontz '73
 Charles A. Sanislow, Jr. '56
 Albert B. Sarewitz '49
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 Robert P. Sarni '60
 Sigmund L. Sattenspiel '65
 Elijah Saunders '60
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 Richard E. Schindler '53
 Milton Schlenoff '54
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 W. Winslow Schrank '69
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 Roy O. Shaub '56
 Walter M. Shaw '57
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 John R. Shell '48
 Harry S. Shelley '31
 Virginia T. Sherr '56
 Peter L. Shieldhouse '73
 Earl F. Shields '59
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 Bernard R. Shochet '54
 Earl S. Shope '65
 Ethel Ann B. Siegal '68
 Edward Siegel '38
 Maurice B. Siegel '39
 Bernice Sigman '60
 Donald J. Silberman '38
 Richard B. Silver '77
 E. H. Silverstein '60
 Frederic R. Simmons '50
 William A. Simmons '57
 David G. Simpson AM
 Michael J. Sindler '72
 Robert T. Singleton '53
 Donald J. Siple '66
 Arthur G. Swinski '31
 Paul V. Slater '56
 Jean C. B. Smith '54
 W. Meredith Smith '53
 David M. Snyder '67
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 Gregory J. Sophocleus '62
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 Phillip P. Tokses '65
 Millard T. Traband, Jr. '44
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William E. Legat '65
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Daniel M. Levin '58
Herbert J. Levin '54
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Sanford L. Levin '65
Mark J. LeVine '72
Barry E. Levy '76
David A. Levy '54
Henry A. Lewis '70
Leo H. Ley, Jr. '51
Robert T. Liberto '76
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Jeffrey S. Lobel '73
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David H. Looff '54
Bruce G. Lowman '74
Edwin R. Luxenberg '62
Denis W. MacDonald '73
Frank J. Macek, Jr. '57
Richard H. Mack '67
Stephen C. Mackowiak '37
Robert C. Macon '58
Helen I. Maginnis '34
Lani Smith Majer '76
Stanford H. Malmow '68
Michael J. Maloney '71
Stephen F. Manekin '68
Frank V. Manieri '37
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Stuart O. Marcus '74
William J. Marek '66
Frank S. Marino '42
Clarence W. Martin '40
G. William Martin, Jr. '50
Robert D. Mathieson '76
John W. Maun '65
Thomas C. McAslan AM
Eva H. B. McCullars '76
David S. McHold '67
Hector C. McKnew, Jr. '36
Eugene R. McNinch, Jr. '68
Thomas C. McPherson '46
D. R. McWilliams '59
Karl F. Mech, Jr. '68
Harriet L. Meier '73
John J. Merendino '58
Arnold B. Merrin '76
Jeffrey L. Metzner '75
Ellis Mez '77
Christopher S. Michel '73
Kathryn A. Mikesell-Hornbeam '68
Louis W. Miller '67
Mark P. Miller '73
Meyer G. Miller '33
William S. Miller '39
Susan Miller Paulson '78
Lawrence Mills, Jr. '70
Sheldon D. Milner '74
Stanley L. Minken '63
Charles A. Minnefor '25
Gregory A. Mitchell '72
Charles R. Mock '63
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John D. Moores '32
Beverly E. J. Morgan '68
Sarah A. Taylor Morrow '44
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James E. Mouldsdale '71
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Raphael C. Myers, Jr. '64
Richard I. Myers '56
Jacob D. Nagel '64
Nathan E. Needle '30
Thomas A. Nestor '36
David M. Nichols, Jr. '64
James J. Nolan '41
Riva E. Novey '54
Dawn V. Obrecht '74
Maurice L. Otten '72
Louis O. Olsen '65
Richard S. Owens '37
John M. Palese '43D
William M. Palmer '56
Joseph F. Palmisano '53
Susan R. Panny '74
Wayne H. Parins '69
Albert Pats '54
Murray D. Pearlman '76
Edward L. Perl '74
David A. Perry '70
Donald David Pet '62
John K. Petrakis, Jr. '63
Michael R. Petriella '72
Jay A. Phillips '74
Malcolm D. Phillips '45
Otto C. Phillips '42
Robert W. Phillips '69
Gary D. Plotnick '66
Leslie P. Plotnick '70
Jeffrey E. Poiley '65
Richard B. Pollard, Jr. '70
Joseph L. Pollozzotti '25
Gary P. Posner '76
Jordan C. Pratt '62
James A. Quinlan, Jr. '66
Clayton L. Raab '74
Morris Rainess '54
Louis N. Randall '74
Anthony J. Raneri AM
Jonas R. Rappeport '52
Susan V. Raver '74
Harry C. Raynor '13
Paul A. Reeder, Jr. '61
Bruce L. Regan '74
Joel W. Renbaum '68
Margaret B. Rennells '73
Marion C. Restivo '57
R. Henry Richards '71
M. M. Riddleberger, Jr. '68
David J. Riley '68
Robert A. Riley, Jr. '46
Ronick T. Rimash '68
Arthur M. Rinehart '43D
Malcolm L. Robbins '52
Donald M. Rocklin '71
John F. Rogers '67
Newton W. Rogers '72
Howard R. Rosen '67
Israel Rosen '35
Stephen D. Rosenbaum '68
Robert J. Rosensteel, Jr. '68
Martin S. Rosenthal '72
Stephen I. Rosenthal '32
Mitchell H. Rubenstein '76
Allan I. Rubin '69
William F. Ruppel '76
Jacob V. Sater '29
Sandra Z. Salan '66
Eugene P. Salvati '47
Charles S. Samorodin '68
Aram M. Sarajian '38
Norman E. Sartorius, Jr. '37
Isadore Sborowsky '42
John E. Schanberger '55
Merle S. Scherr '48
Richard F. Schillaci '61
Charles J. Schleupner '72
Jakob E. Schmidt '37
J. Michael Schnell '74
Pearl T. Scholz '41
Michael J. Schultz '71
David I. Schwartz '32
Robert H. Seamon '77
Ronald A. Self '73
Edwin L. Seigman '41
Howard Semins '68
William J. Senter '42
Gary M. Shapiro '73
Joseph S. Shapiro '72
Melvin Shoroky '76
William H. Shea '51
David S. Shear '73
Michael M. Shefferman '62
James H. Shell, Jr. '45
Ronald F. Sher '73
Elizabeth B. Sherman '26
Michael L. Sherman '67
Richard G. Shugarman '64
Martin J. Shuman '70
Jay B. Sigel '76
William E. Signor, III '65
Bruce A. Silver '76
Lee S. Simon '76
David S. Siscovick '76
T. C. Siwinski '48
James W. Skaggs, Jr. '56
Marvin L. Slate '31
Dennis M. Smith '77
Morton E. Smith '60
Mitchell T. Smolkin '74
Larry A. Snyder '65
Stanley N. Snyder '59
Robert A. Sofferman '67
Hannah S. Solky '65
Harvey M. Solomon '59
Lawrence F. Solomon '64
Thomas J. Solon '54
James H. Somerville '75
Gershon J. Spector '64
Norton Spritz '52
Edward V. Spudis '53
J. W. E. Standiford '60
Stanley R. Steinbach '45
Kenneth B. Stern '67
Gerald P. Sterner '73
Charles E. Stewart '73
Howard W. Stier '43M
Robert E. Stoner '64
Susan T. Strahan '79
Kristin Stueber '69
Beverly J. Stump '59
William J. Supik '40
Doris L. Swauger '77
Ronald J. Sweren '76
Ernest G. Szecsenyi '74
Sandra R. Takai '80
Louis H. Tankin '40
Richard L. Taylor '75
Thomas S. Templeton, III '73
Kerry J. Thompson '71
Russell M. Tilley, Jr. '49
Richard F. Timmons '76
Leon Toby '46
Elliot S. Tokar '65
Thomas J. Tonner, Jr. '72
Phoung D. Trinh '80
Belk C. Troutman '52
Harold Tucker '73
Roberta S. Tucker '73
Elise W. Van der Jagt '74
Peter D. Vash '72
John H. Verhulst '76
Henry Vincini '70
Charles B. Volcjak '60
Allan J. Wagman '73
Richard Wagner '34
Leonard Wallenstein '39
John E. Way '38
Deborah F. Weber '76
Donald T. Weglein '78
Stanley R. Weimer '68
Charles I. Weiner '70
Harlan F. Weisman '79
Harold R. Weiss '54
Daniel Welliver '54
Harvey P. Wheelwright '51
Philip J. Whelan '65
Fowler F. White '50
Katherine C. White '77
Robert N. Whitlock '65
Thomas V. Whitten '72
Robert S. Widmeyer, II '68
David A. Wike '69
Edward F. Wilgis '62
Anne Robinson Wilke '65
Kenneth W. Wilkins '44
Arthur G. Wilkinson '36
Robert T. Williams '68
Clifford E. Wilson '50
Joseph R. Wilson '63
William C. Wimmer '65
Stuart Winakur '68
Daniel J. Winn '76
Stephen L. Winter '68
Michael H. Wojtanowski '74
Ernest S. Wolf '50
Arthur Wolpert '61
William Hommes Wood, Jr. '62
Douglas B. Woodruff '73
David K. Worgan '43M
Donald L. Young '60
Erik B. Young '79
Robert R. Young '66
Robert H. Young, Jr. '59
Herbert I. Yousem '55
Stuart H. Yuspa '66
Arno L. Zaritsky '76
Joseph W. Zebley, III '76
Robert G. Zeller '76
Frank J. Zorick '67

THE CLASS RECORD

'30

Milton R. Arons
 Meyer M. Baylus
 Wylie M. Faw, Jr.
 Abraham Garfinkel
 Abraham Kremen

Pre '25

Harry C. Raynor
 Albert H. Jackvony
 Israel Zinberg
 Milton C. Lang
 Robert E. Murray

'25

Abraham A. Clahr
 Harry H. Epstein
 Samuel S. Chick
 Charles A. Minnetor
 Joseph D. Nataro
 Joseph L. Pollozzotti

'26

David M. Helfond
 Elizabeth B. Sherman
 Max Trubek

'27

Charles E. Gill
 Clarence W. Peake

'28

Bernard Friedman
 Frank A. Merlin
 Theodore E. Stacy, Jr.

'29

Emanuel Feit
 J. Savin Garber
 David Givner
 Abraham Jacobs
 Saul C. Newman
 M. C. Portertield
 Jacob V. Sater
 W. Glenn Speicher
 George H. Yeager

'31

Henry I. Berman
 A. Talbot Brice
 Donald B. Grove
 Rachel K. Gundry
 Reuben Hoffman
 Samuel M. Jacobson
 Carl D. F. Jensen
 Page Covington Jett
 David R. Levine
 Leo M. Meyer
 Richard L. Murphy
 William M. Seabold
 Harry S. Shelley
 Arthur G. Siwinski
 Marvin L. Slate

'32

Mortimer D. Abrashkin
 D. A. Gershenson
 Solomon F. Gittleman
 H. B. Hendler
 Harry C. Hull
 Abraham N. Kaplan
 Henriette B. Klein
 John D. Moores
 Stephen I. Rosenthal
 David I. Schwartz
 Francis N. Taylor
 Carl A. Wirts

'33

Victor Drucker
 Meyer G. Etkind
 James S. Gorrell
 Albert J. Himelfarb
 Myron L. Kenler
 Lauriston E. Keown
 Meyer G. Miller
 George F. Peer
 Mark Thuman

'34

Leonard J. Abramovitz
 Edgar T. Campbell
 S. Paul Coates
 Lawrence J. Cohen
 Robert H. Dreher
 Robert W. Farr
 Leon H. Feldman
 Jerome Gelb
 Sidney Gelman
 Herbert Goldstone
 Robert F. Healy
 William H. Horan
 William L. Howard
 Edward S. Kallins
 William Knoll
 Thomas G. Lawler
 Reuben Leass
 Manuel Levin
 Helen I. Maginnis
 M. Paul Mains
 Hugh B. McNally
 Richard R. Mirow
 Olin C. Moulton
 Bernard W. Sollod
 Dorothy G. Sproul
 S. Jack Sugar
 Isadore Tuerk
 Richard Wagner

'35

Milton H. Adelman
 John W. Albrittain
 Melvin R. Aungst
 Ernest F. Cornbrooks
 Edward F. Cotter
 Francis C. Dickey
 William C. Dunnigan
 Samuel E. Einhorn
 Robert P. Fruchtbau
 Philip J. Galitz
 John C. Hamrick
 William G. Helfrich
 Lewis C. Herrold
 Josiah A. Hunt
 Walter Eichenberg
 Saul Lieb
 Charles B. Marek
 DeArmond J. McHenry
 Karl Frederick Mech
 Philip Owen
 Anthony J. Pepe
 Milton I. Robinson
 Israel Rosen
 Sol Rosen
 Harold W. Rosenberg
 Benjamin M. Stein
 Louis Teitel
 John McCullen Warren
 Norman I. Wilson
 Everett H. Wood
 Lewis K. Woodward, Jr.

'36

Milton Bernstein
 Roland E. Bieren
 Harry C. Bowie
 Irving Burk
 Harold H. Burns
 Darus McClelland Dixon
 Jerome Feldman
 Harry S. Gimbel
 Jesse W. Gordner, Jr.
 Philip O. Gregory
 William Greifinger
 Jaye Grossman
 C. Henry Jones
 Walter E. Karfige
 Howard T. Knoblock
 Raymond J. Lipin
 Grant Lund
 W. Kenneth Mansfield
 Hector C. McKnew, Jr.
 James Patrick Moran
 Thomas A. Nestor
 Morris J. Nicholson
 Richard H. Pembroke, Jr.
 Salvadore D. Pentecost
 Carl Pigman
 Victor Rosenthal
 Lawrence J. Shimanek
 Milton H. Staben
 Gibson J. Wells
 Arthur G. Wilkinson
 Nathan Wolf
 Joseph G. Zimring

'37

R. Stanley Bank
 Eugene Bereston
 E. Eugene Daily
 Everett S. Diggs
 N. Edward Dorian
 James Frenkl
 I. Phillips Frohman
 Frank Greenwald
 William C. Humphries
 D. Frank Kaltreider
 Irvin P. Klemowski
 Louis Woron Leskin
 Elmer G. Linhardt
 Ephraim T. Lisansky
 William B. Long
 Stephen C. Mackowiak
 Frank V. Manieri
 S. Edwin Muller
 Richard S. Owens
 Isidore E. Pass
 Lawrence Perlman
 Elton Resnick
 Samuel T. R. Revell, Jr.
 Martin H. Robinson
 Ephraim Roseman
 Norman E. Sartorius, Jr.
 Jakob E. Schmidt
 Israel Zeligman



Police Patrol bring B & O accident case to University of Maryland Hospital, 1895

'38

Manuel Brown
John J. Bunting
Hilliard Cohen
Arnold H. Eichert
Joseph M. George, Jr.
William L. Guyton, Jr.
James H. Miniszek
John Rizzolo
Paul W. Roman
Aram M. Sarajian
Charles V. Sevcik
Edward Siegel
Donald J. Silberman
Aaron Stein
Morris W. Steinberg
John E. Way
Celeste L. Woodward



Children's Ward "C" in 1920

'39

Herman H. Baylus
Harry Beck
Edgar Berman
Max R. Bloom
Elizabeth B. Cannon
Raymond M. Cunningham
Leo J. Gaver
Sylvan D. Goldberg
George S. Grier, III
Alvin S. Hartz
Leonard L. Heimoff
Thomas M. Hutchins
R. Donald Jandorf
William H. Kammer, Jr.
James P. Kerr
Bernard S. Kleiman
Herbert Lapinsky
William H. Leitch
William J. McCafferty
William S. Miller
John A. Moran
Charles Hunter Moricle
Walter J. Pijanowski
Edwin R. Ruzicka
Maurice B. Siegel
William J. Steger
John P. Urlock, Jr.
Leonard Wallenstein

'40

Jesse N. Borden
Edwin O. Daue
R. Louis Gibbs
Walter R. Graham
Benjamin H. Inloes, Jr.
James R. Karns
William S. M. Ling
Clarence W. Martin
Joseph Miceli
Ross Z. Pierpont
Carl E. Rothschild
William J. Supik
Louis H. Tankin
A. Frank Thompson, Jr.
William Trevor
William I. Wolff

'41

Carlos M. Chiques
James J. Nolan
Walter J. Revell
Pearl T. Scholz
Edwin L. Seigman
Edward P. Shannon
Raymond K. Thompson

'42

William A. Ahroon, Sr.
Van B. Bennett
Francis D. T. Bowen
Frank Conclus
Thomas E. Davies
Karl A. Dillinger
J. Howard Franz
Joseph C. Furnary
H. Fred Johnson
Theodore Kardash
Frank S. Marino
Robert A. Moses
Otto C. Phillips
Wallace H. Sadowsky
Isadore Sborofsky
William J. Senter

'43M

Robert Z. Berry
Samuel L. French
Anthony R. Giglia, Jr.
Raymond Goldberg
William B. Hagan
Paul G. Lukats
Robert V. Minervini
Henry B. Perry, Jr.
Preston H. Peterson
Richard S. Rude
Howard W. Stier
Jose M. Torres-Gomez
Robert B. Tunney
David K. Worgan

'43D

Ruth W. Baldwin
Lillian F. Bennett
Frederick B. Brandt
Henry T. Brobst
James MacKay Brown
William N. Corpening
Alfred H. Dann
Hamilton P. Dorman
Daniel Ehrlich
Augustus H. Frye, Jr.
Eli Galitz
Joseph R. Guyther
John S. Haught
Frances E. Hornbrook
Luis M. Isales
Charles A. Kemper
Ishmael W. Kirby
C. V. Latimer, Jr.
Robert B. McFadden
Jack C. Morgan
Alfred Nelson
I. Floyd Nesbitt
John M. Palese
Cliff Ratliff, Jr.
John M. Recht
Arthur M. Rinehart
William B. Rogers, Jr.
Irving Scherlis
Martin E. Strobel
Talmadge S. Thompson
George B. West, Jr.
David Reid Will

'44

John M. Bloxom, III
Richard J. Brown
R. Adams Cowley
Wm. Carl Ebeling, III
Abraham Lilienfeld
Sarah A. Taylor Morrow
William W. Osborne
Michael R. Ramundo
L. Bradford Thompson
Millard T. Traband, Jr.
Kenneth W. Wilkins

'45

Benjamin Amsterdam
Gayle G. Arnold
Joseph W. Baggett
Claude F. Bailey
David F. Bell, Jr.
Benjamin Berdann
William K. Brendle
Charles L. Butler
G. R. Callender, Jr.
Leah R. Camp
Oscar B. Camp
Mary Dorcas Clark
Eugene H. Conner
Sarah Cook
John M. Dennis
Vincent deP. Fitzpatrick
William L. Foster
Joseph B. Ganey
Helen E. Greenleaf
Arthur T. Hall, Jr.
Daniel O. Hammond
Howard H. Haynes, Jr.
John A. Hedrick
John F. Hennessy
Stanley E. Herrick, Jr.
Leonard Kurland
Daniel B. Lemen
Henry F. Maquire
Paul R. Myers
S. Malone Parham
Malcolm D. Phillips
Joseph E. Reahl
William H. Robinson
James H. Shell, Jr.
Anthony F. Stedem, Jr.
Stanley R. Steinbach
Charles W. Stewart, Jr.
Winston L. Summerlin
John J. Tansey
Allan E. Trevaskis
Mary L. T. White
Oliver P. Winslow, Jr.



The automobile in the foreground should date this old photo of Davidge Hall

'49

Robert A. Abraham
C. Richard Fravel
Harry W. Gray
Angelina Gundo
Howard F. Raskin
Robert R. Rosen
Albert B. Sarewitz
Nathan Schnaper
John F. Strahan
Russell M. Tilley, Jr.

'46

Robert E. Bauer
Walter J. Benavent
A. D. Bonitant
Sidney Clyman
Thomas B. Connor
Joseph D'Antonio
Guy K. Driggs
Samuel D. Gaby
William D. Gentry
Charles A. Hefner
E. R. Jennings
Lawrence J. Knox
Herbert J. Levickas
Leonard Maholick
George C. McElpatrick
Thomas C. McPherson
C. E. McWilliams, Jr.
Jerome D. Nataro
Robert A. Riley, Jr.
F. A. Shallenberger
Leon Toby

'47

Raymond G. Berggreen
Joseph W. Blevis
B. Stanley Cohen
Irvin H. Cohen
Robert K. Gardner
James F. Houghton
Bernard Leung
Francis K. Machata
Arlie R. Mansberger, Jr.
Elden H. Pertz
Eugene P. Salvati
Joseph Shear
John P. White, III

'48

Frank W. Baker, Jr.
Matthew H. Bulluck
Robert Chamovitz
Harold J. Creecraft
James B. Dalton, Jr.
Leonard H. Golombok
James W. Green
George V. Hamrick
Frederick J. Heldrich
Florence K. Hoback
William J. Holloway
Raymond H. Kaufman
Katherine V. Kemp
Burton V. Matthews
Donald I. Mohler
J. Jay Platt
Albert M. Powell, Jr.
Edsel A. Rodriguez
Merle S. Scherr
John R. Shell
T. C. Siwinski
Kyle Y. Swisher, Jr.
Frank J. Theuerkauf, Jr.

'52

Charles B. Adams, Jr.
Charles G. Adkins
Richard E. Ahlquist, Jr.
Raymond M. Atkins
Daniel Bakal
Stuart P. Culpepper
Anthony J. DiGiovanni
Paul H. Gilason
Luis F. Gonzalez
James R. Grabill
C. Edward Graybill
William B. Harris
Irvin Hyatt
Frank M. Kline
Joseph A. Knell, Jr.
Irving Kramer
Morton M. Krieger
Charles H. Lightbody
Jonas R. Rappeport
D. S. Rasmussen-Taxdal
Julian W. Reed
Malcolm L. Robbins
Norton Spritz
Belk C. Troutman
Bryan P. Warren, Jr.
Donald A. Woltel
William R. Wolverton

'54

Samuel J. Abrams
Arthur Baitch
George M. Bauernschub, Jr.
Anthony A. Bernardo
Edwin H. T. Besson
Stuart M. Brown
Allen C. Bullock, Jr.
Iraim A. Detendini
William F. Doran
Arthur G. Edwards
Morton J. Ellin
Robert H. Ellis
Theodore E. Evans
Charles T. Fitch
Daniel H. Framm
Malcolm F. Freed
George S. Fritz
Richard L. Fruth
Walter D. Gable
John E. Gessner
Jean-Jacques Gunning
Charles J. Hammer
Harold D. Harvey
James W. Hayes
William M. Headley
Robert C. Holcombe
Edward W. Hopf
Thomas E. Hunt, Jr.
Irvin B. Kaplan
Raymond B. Keete
Thomas F. Kiester
Edward S. Klohr, Jr.
Herbert J. Levin
Hilbert M. Levine
David A. Levy
David H. Looff
Charles Mawhinney
John J. McGonigle
John D. Murphy
Moses L. Naftzinger
Gerald F. Nangle
Riva E. Novey
Jean M. C. O'Connor
Albert Pats
David H. Patten
Miguel Perez-Arzola
Morris Rainess
Robert R. R. Roberts
Milton Schlenoff
Bernard R. Shochet
Jean C. B. Smith
I. Walter Smyth
Thomas J. Solon
Thorlef L. Stangebye
Rufus Thamnes
Henry R. Trapnell
Ira N. Tublin
George Wall
Harold R. Weiss
Daniel Welliver
Kenneth H. White, Jr.
Robert E. Yim

'50

William A. Anderson
Harry H. Bleeker, Jr.
Raymond Bradshaw, Jr.
Fred J. Burkey
Jerome J. Collier
Joseph R. Cowen
Leonard L. Deitz
Leonard G. Hamberry
John C. Healy
Stanley W. Henson, Jr.
Philip W. Heuman
Grace Hofsteter
Virginia Huffer
Maxwell Ibsen
Frank T. Kask, Jr.
Frank G. Kuehn
Thomas F. Lewis
William Martin, Jr.
Hunter S. Neal
Evangeline M. Poling
Louis F. Reynaud
Virginia M. Reynaud
Paul F. Richardson
Milton R. Righetti
O. Ralph Roth
Norman I. Rudy
Frederick R. Simmons
Henry H. Startzman, Jr.
Robert T. Thibadeau
Albert L. Upton
Cornelius Van-Goor
Fowler F. White
Clifford F. Wilson
Ernest S. Wolf
Harriet H. Wotten

'51

Law L. Ager
Russell L. Christopher
Raymond L. Clemmons
Solomon Cohen
Raymond R. Curanz
Charles K. Ferguson
James P. Gallagher
Mario R. Garcia-Palmieri
Francis Sidney Gardner, Jr.
Benjamin D. Gordon
Doris M. Harris
Frederick J. Hatem
David M. Kipnis
Leo H. Ley, Jr.
John W. McFadden
Donald I. Myers
Armando Saavedra
William H. Shea
Robert J. Venrose
Harvey P. Wheelwright

Annual Giving Fund

'55

George K. Baer
 E. E. Benitez-Van Rhyn
 Norman Blankman
 Foster L. Bullard, Jr.
 Donald C. Cameron
 Neal C. Capel
 James M. Close
 Roger D. Cornell
 Everard F. Cox
 Donald H. Dembo
 Henry A. Diederichs
 William Dvorine
 John A. Engers
 Joseph C. Eshelman
 George H. Friskey
 John R. Gauld
 Vernon M. Gelhaus
 Julian R. Goldberg
 Daniel B. Harris
 Alvin W. Hecker
 Henry Booth Higman
 Walter N. Himmller
 Murray M. Kappleman, Jr.
 W. Peter Keefe
 Louis E. Kimmel, Jr.
 C. Ronald Koons
 George L. Morningstar
 Leonard J. Morse
 Frank Nataro
 Joan Raskin
 John E. Schanberger
 Herbert L. Yousem

'56

John E. Adams
 Richard Belgrad
 Jerald H. Bennion
 Morris L. Blue
 James A. Burwell
 Robert J. Byrne
 Theodore R. Carski
 Richard G. Farmer
 Richard A. Finegold
 Giraud V. Foster
 Edward D. Frohlich
 Alfred Wm. Grigoletti
 Neil C. Henderson
 Webb S. Hersperger
 Lee Hoffman
 Virgil R. Hooper
 Ralph T. Hummel
 Albert V. Kanner
 John E. Kelly, Jr.
 Paul W. Knowles
 Bernard Kramer
 H. Coleman Kramer
 Sheldon Kress
 Louis J. Lancaster
 Joseph G. Lanzi
 William A. Lemmert
 John B. Littleton
 William T. Lloyd
 Herbert M. Marton
 Richard I. Myers
 Clark Lamont Osteen

William M. Palmer
 Marvin S. Platt
 Irvin P. Pollack
 G. Edward Reahl, Jr.
 Charles A. Sanislow, Jr.
 Gerald Schuster
 Roy O. Shaub
 Virginia T. Sherr
 James W. Skaggs, Jr.
 Paul V. Slater
 James J. Stovin
 John Z. Williams
 Harry D. Wilson, Jr.

'57

Stuart J. Abrahams
 Emil E. Attandilian
 Charles J. Allen
 Marvin S. Arons
 Bernard N. Bathon
 Selina G. Baugardner
 Virginia E. Blackridge
 Donald L. Bucy
 John T. Bulkeley
 Harvey R. Butt, Jr.
 Anthony J. Calciano
 Ronald R. Cameron
 John V. Conway
 Joseph O. Dean
 Vincent J. Fiocco, Jr.
 Donald W. Gauthier
 Anthony F. Hammond, Jr.
 Charles M. Henderson
 Harold J. Hettelman
 W. F. Holdefeier
 Carl Jelenko, III
 Herbert L. Kronthal
 Donald T. Lansing
 David P. Largey
 James P. Lester
 Joseph C. Laughlin
 George A. Lentz, Jr.
 Sidney I. Lerner
 Peter P. Lynch
 Frank J. Macek, Jr.
 Fred H. Mehlhop
 Frederick Moomau
 Paul A. Mullan
 Francisco E. Oliveras-Armstrong
 Charles R. Oppegard
 Richard C. Reha
 Marion C. Restivo
 Morton W. Shapiro
 Walter M. Shaw
 William A. Simmons
 Kenneth F. Spence, Jr.
 L. Clarke Stout
 Ray A. Wilson
 Leonard Zullo

'58

John T. Alexander
 William G. Bartlett
 George R. Baumgardner
 Elliott M. Berg
 Maurice J. Berman
 Gerald E. Bloom

Gaylord L. Clark
 Robert E. Cranley, Jr.
 Robert L. Damm
 Ronald L. Diener
 Raymond J. Donovan, Jr.
 Joanne W. Economon
 Richard J. Erickson
 Harvey L. Friedlander
 Frank P. Greene
 Meredith S. Hale
 John S. Harshay
 William J. Hicken
 Richard H. Keller
 James M. Kelsh
 Daniel M. Levin
 Robert C. Macon
 William J. Marshall, Jr.
 John J. Merendino
 Ernest E. Moore
 Granger G. Sutton, Jr.
 James E. Taylor, Jr.
 James H. Tyer
 Adrian S. Weyn
 James B. Zimmerman

'59

Wolfe Adler
 Isadore G. Ances
 Gerson Asrael
 Anthony C. Broccoli
 John W. Coursey
 Donald E. Courts
 Joseph L. Darr
 S. J. DeMarco, III
 William J. R. Dunseath
 James P. Durkan
 William F. Falls
 Stanley Z. Felsenberg
 Charles B. Fletcher
 Karl M. Green
 Carlton I. Halle
 Franklin A. Hanauer
 Robert Stewart Holt
 Roger Ingham
 Arthur R. Jason
 Arthur F. Jones, Jr.

August D. King, Jr.
 Marvin M. Kirsh
 Paul Koukoulas
 Donald R. Lewis
 Jack C. Lewis
 Arthur Luban
 Ferdinand Mainolfi
 Elmer S. McKay
 D. R. McWilliams
 Jose Oscar Morales
 Nicholas A. Pace
 Lawrence D. Pinkner
 Arthur Poffenbarger
 William E. Rhea
 Ramon F. Roig, Jr.
 Howard I. Rubenstein
 Gerard L. Russo
 C. Edmund Rybczynski
 Daniel S. Sax
 John R. Schroeder
 Earl F. Shields
 Stanley N. Snyder
 Harvey M. Solomon
 Beverly J. Stump
 Robert J. Thomas
 George S. Trotter
 Robert I. Varner
 Hans R. Wilhelmsen
 Robert H. Young, Jr.



Surgical patient in 1920...we've come a long way with beds & Bell telephones

'60

Aristides Alevizatos
 Lawrence F. Awalt
 John J. Bennett
 A. William Bertuch
 Jeremy V. Cooke
 Louis M. Damiano
 Straty H. Economon
 Hal D. Farley
 Michael J. Fellner
 Thomas N. Ferciot
 J. E. Figueroa-Lugo
 Alvin Glass
 Wilson A. Heefner
 Herbert H. James
 Ronald E. Keyser
 James C. King
 Philip M. Lamastra



Richard C. Levy
Herbert A. Martello
Paul D. Meyer
Damon F. Mills
John C. Morton
Jerrod Normanly
Selvin Passen
Morton I. Rapoport
Ned A. Robinson
Clinton L. Rogers
Jerome Ross
Robert P. Sarni
Elijah Saunders
Bernice Sigman
F. H. Silverstein
Morton E. Smith
J. W. E. Standiford
Martha E. Stauffer
Nathan Stotberg
Merrill I. Syphus
Michael S. Tenner
Charles B. Volcjak
Donald I. Young
Lois A. Young
Theodore Zanker

'61

James R. Appleton
Carl F. Berner
Myron Barry Blum
Thomas G. Breslin
Ronald L. Cain
Francis A. Clark, Jr.
Angela W. Clarke
John N. Diaconis
William H. Dudley
Bernadine C. Eaw
William R. Fleming, Jr.
Carlos E. Girod
Leonard W. Glass
Jay S. Goodman
Ronald L. Gutheret
Samuel H. Henck
Gerald A. Hotkin
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Gerald Kempthorne
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Roger L. Mehl
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Paul A. Reeder, Jr.
Richard M. Sarles
Richard F. Schillaci
Nina Vann-Jeanes
Eland D. Whitelock
John L. Winnacker
Arthur Wolpert

'62

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Raymond D. Bahr
Donald M. Barrick
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Chemical Hall in the days before electricity

'63

Barry R. Adels
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Janet Myles
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John K. Petrakis, Jr.
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'64

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Barry M. Cohen
Miriam E. Cohen
Gustavo A. Colon
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Robert L. Doyle
Paul C. Hiley
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Donald T. Lewers
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'66

'65

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Kenneth B. Stern
Lawrence M. Tierney, Jr.
Donald B. Vogel
Frank J. Zorick

'68

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Willard P. Amoss
Sheldon B. Bearman
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Morton B. Blumberg
Robert Brull
Richard S. Buddington
Joseph F. Callaghan, Jr.
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James O. Ballard, III
Emil A. Bendit
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 Robert C. J. Krasner
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 Jack S. Lissauer
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 David L. McCann
 James E. Mouldsdale
 Maurice L. Offen
 R. Henry Richards
 Donald M. Rocklin
 Michael J. Schultz
 Robert E. Sharrock
 Kerry J. Thompson

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 Robert J. Bauer
 James H. Biddison
 John W. Blotzer
 Neil F. Cannon
 Howard N. Caplan
 Russell L. Christopher, Jr.
 Irvin M. Cohen
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 Robert E. Draper, Jr.
 Darryl J. Garfinkel
 Matthew J. Gibney, III
 Sheila S. Gibney
 Michael E. Golembieski
 Sumner H. Goodman
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 Michael R. Petriella
 Newton W. Rogers
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 Michael J. Sindler
 Ronald T. Staubly
 Thomas J. Toner, Jr.
 Peter D. Vash
 Joseph W. Viola
 Jerald P. Waldman
 Bruce C. Wells
 Thomas V. Whitten
 Brian J. Winter
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 Martin L. Brown
 Robert G. Castile
 Joseph A. Ciota, Jr.
 Walter E. Conner
 Edwin A. Deitch
 Michael J. Dodd
 Raymond D. Drapkin
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 Allan J. Wagman
 John L. Whitlock
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 Lynn M. Billingsley
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 Joseph E. Bush, Jr.
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 James G. Chaconas
 Randolph P. Christianson
 Frederick L. Dewberry
 Timothy H. Eskridge
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 Jay R. Jackson
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 Dennis A. Nimer
 Dawn V. Obrecht
 Susan R. Panny
 Edward L. Perl
 Jay A. Phillips
 Clayton L. Raab
 Louis N. Randall
 Susan V. Raver
 Bruce L. Regan
 Ann E. Ruderman
 J. Michael Schnell
 Mitchell T. Smolkin
 Harry S. Stevens
 Ernest G. Szechenyi
 Elise W. Van der Jagt
 Michael H. Wojtanowski
 David L. Zisow

'75

James R. Evans
Darvin L. Hege
Kenneth V. Iverson
Jeffrey L. Metzner
James H. Somerville
Richard L. Taylor

'76

Leonard P. Baker
David B. Binder
Damian E. Birchess
Lawrence F. Blob
Mark E. Bohlman
John W. Bowie
Janet F. Brown
William G. Brown
David D. Collins
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Edward F. Driscoll
Christopher J. Feifarek

Ellen B. Feifarek
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William G. Flowers
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Lenita N. Gorrell
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Deborah F. Weber
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Daniel J. Winn
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Arno L. Zantky
Joseph W. Zebley, III
Robert G. Zeller

'78

Edward N. Bodurigil
Ira J. Kalis Cohen
Michael J. Ichmiowski
Susan Miller-Paulson
Donald T. Weglein

'77

Jonathan N. Bass
Stuart B. Bell
Douglas A. Boenning
David E. Bright
Robert J. Brumback
Alan S. Davis
William J. Dichtel, Jr
Richard J. Feldman
Alan S. Gerler
Ellis Mez
Robert H. Seamon
Richard B. Silver
Dennis M. Smith
Doris L. Swauger
Katherine C. White

'79

Susan T. Strahan
Harlan F. Weisman
Arthur F. Woodward, Jr.
Erik B. Young

'80

Gregory M. Caputo
Jane L. Chen
Dale K. Dedrick
Eric M. Orenstein
Sandra R. Takai
Phoung D. Trinh



Present complex west of Greene Street. Surface parking in foreground has been replaced by an underground garage.

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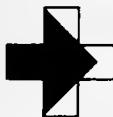
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PROGRAM OF CONTINUING EDUCATION

Congenital Heart Disease Symposium Attracts Worldwide Participation

More than 300 cardiac surgeons from 38 states and 28 countries gathered at the Baltimore Convention Center to discuss "Current Controversies and Techniques in Congenital Heart Surgery," in a symposium sponsored by the University of Maryland School of Medicine. This symposium, two years in the planning, was enthusiastically received, and several of the prestigious international faculty termed this "the most significant meeting in congenital heart surgery in a decade."

Recent advances in microsurgical techniques and improvement in myocardial preservation have increased the capabilities of congenital heart surgeons to repair more complex defects at an earlier age including the newborn period. The symposium reviewed some of those advances and current techniques.

The emphasis of the program was on several of the more common congenital heart defects—transposition of the great arteries, coarctation of the aorta with ventricular septal defect, pulmonary atresia, atrioventricular canal defect, truncus arteriosus, and single ventricle—where different approaches are in use in various centers around the world. Advocates of each technique presented their own views, followed by a discussion period at which open debate and candid criticism were encouraged.

Guest faculty included professors of cardiac surgery from six countries, many of whom were the originators of the techniques being described. Among them were Professor Robert Anderson, London; Professor Gerald Brom, Netherlands; Professor Francis Fontan, France; Professor Lucio Parenzan, Italy; Professor Alain Carpentier, France; Professor Jaroslav Stark, England; Drs. Bradley Harlan, Gordon Danielson, James Malm, Frederick O. Bowman, Paul Ebert, Albert Pacifico and Anthony Moulton all from the United States. The international audience which included almost as many world-renowned cardiac

surgeons as were in the faculty, provided spirited audience participation in the discussion sessions.

Opportunities for further discussion were provided as the participants sampled Maryland's famous seafood during receptions at the Maryland Science Center and dinner atop the World Trade Center in the inner harbor. The proceedings of the symposium, including discussion sessions, will be published in book form by the end of this year.

Dr. Anthony Moulton, associate professor of surgery at the University of Maryland Hospital was instrumental in the planning and organization of the symposium. Dr. Moulton, primarily a cardiac surgeon, does most of the hospital's congenital heart surgery as well as some adult cardiac surgery. The symposium's success was also due to the involvement of Drs. Michael Berman and Joel Brenner. Dr. Berman, director of the division of pediatric cardiology, developed the flow-guided balloon angiographic catheter used extensively in pediatrics and radiology, and Dr. Brenner, director of clinical pediatric cardiology, has particular expertise in echocardiography.

Future Courses, Fall 1981

September 24-26

Sixth Annual Symposium of Advances in Cancer Treatment Research
Baltimore Convention Center

September 24-November 5

Selected Topics in Family Practice

October 6

Current Concepts in Ophthalmology: Third Annual Symposium

October 16-17

The Sudden Infant Death Syndrome and the Management of Prolonged Infantile Apnea

October 23

The Vietnam Veteran—Post Traumatic Stress Disorder

October 30

Update in Practical Clinical Endocrinology

For information call (301) 528-3956 or write to: Program of Continuing Education, 10 S. Pine Street, Baltimore, Maryland 21201.

New Graduate Program in Preventive Medicine Offered at UMAB

An innovative graduate degree program in epidemiology and preventive medicine will be inaugurated at the School of Medicine during the coming academic year pending final approval by the State Board of Higher Education. Already approved by the UMAB Graduate Council, the program will offer an M.S. degree in preventive medicine and a Ph.D. degree in clinical epidemiology. The proposal has been supported by all School of Medicine department heads and others, many of whom have expressed interest in enrolling house officers, fellows and faculty in some of the new courses to be offered.

The new program is designed to satisfy a variety of unmet curricular needs in the Medical School and on the UMAB campus as a whole. According to Dr. Irving I. Kessler, chairman of the Department of Epidemiology and Preventive Medicine, "Needs have been expressed for courses in study design, experimental methodology, etiological inference, biostatistics, computer applications to biomedical data, health care administration and evaluation, environmental and occupational health as well as health economics."

The Department of Epidemiology and Preventive Medicine is one of seventeen academic units in the United States that are approved for residency training in preventive medicine. One component of this training requires the earning of a master's degree which, until now, had to be obtained elsewhere by

University of Maryland residents. "With the initiation of new graduate program," said Dr. Kessler, "our fellows will combine their academic and clinical apprenticeship training in the same department, an arrangement that is both educationally and logically advantageous."

The program will be offered to clinical residents and research fellows, faculty members, practicing physicians employed in industry or local health departments, qualified medical students on a part-time basis, as well as others interested in adapting their medical training to careers in public health, preventive medicine or clinical epidemiology. It is anticipated that a number of doctoral students in the Medical School's basic science departments may also wish to enroll in new courses dealing with study design, methodology, statistical analysis and computer science applications.

"The graduate program is designed to benefit a variety of students, fellows and faculty members in the School of Medicine, including some who are working toward degrees and others who will simply take courses in areas of their interest," suggests Dr. Kessler. Medical School alumni interested in full-time or part-time enrollment in the graduate program in epidemiology and preventive medicine are urged to communicate with Dr. Kessler's office (301) 528-7866.

A former Baltimore resident, Elise Larrimore, interested in the education of ministers and physicians established in her last will and testament a scholarship for the University of Maryland School of Medicine.

Mrs. Larrimore directed that the residual of her estate, after all outright bequests, be divided equally between the University of Maryland School of Medicine and the Wesley Theological Seminary in Washington, D.C.

The medical school has received \$62,000 for the Elise Larrimore Scholarship Fund, which will provide one or more four-year scholarships every four years.

Dean John Dennis said, "We are most grateful for Mrs. Larrimore's kind gift and regret that we had no knowledge of her intention before her death so we could have thanked her during her lifetime."



PRESIDENT'S MESSAGE

Bernard S. Karpers, Jr., M.D.

1982 is a significant year in the history of the Medical Alumni Association as we embark on the 175th Anniversary of the University of Maryland at Baltimore (UMAB). Although records indicate this Association was not founded until 1875, the School of Medicine which was founded in 1807 was the birthplace of the State's University and lead the way, not only for the Baltimore campus, but the entire university. Who would believe that from Davidge Hall on the corner of Lombard and Greene, the school would grow to a 33-acre campus in downtown Baltimore.

As the 107th year of this Association begins, we find a new medical school with numerous changes in the preclinical and clinical years resulting in a dramatic increase in the number of faculty positions over the past ten years. An outstanding faculty has been formed with new professors and chairmen in departments such as anatomy, biochemistry, physiology, radiology, pediatrics, OB/GYN, and neurology. These positions, coupled with new recruitments, have virtually produced a new faculty in our medical school.

In the past decade, two new buildings were added to keep pace with increased student enrollment, resulting in an entirely new school in downtown Baltimore. This new school is actively attracting the interest of returning alumni whose sentiments were echoed and re-echoed at the 106th Alumni Reunion in May.

As the student/faculty ratio increases, the Association continues to be an active catalyst in the environment. It is fostering interaction of graduates with faculty and students and, to strengthen this role, our alumni are being requested to become more active in the affairs of the Association. By the same token, we will strive this year to bring more faculty members into the organization. In bringing together graduates and faculty, a meaningful and successful blend of talent will result providing Dean Dennis with the strength needed to achieve his goal of seeing our School listed among the top ten medical schools in the country.

To aid in fulfilling this role, you were asked to complete and return a survey form transmitted with your dues renewal or notice. Included was the amount of volunteer service you donated to our School or the medical school in your region. About 25% of our alumni replied and this information will be helpful in furthering the interaction between the graduates and faculty. In the past you have received numerous requests for your treasure, and to this end, you have been most responsive. These funds helped provide the supplemental income needed by the School, established the Finkelstein Lectureship and the Woodward Professorship, and supported the Davidge Hall restoration. Now I ask that you provide the requested information, if you haven't done so, so your time and talent, as well as your dollars, can be credited to your account.

The survey also requested national, local and specialty groups to which you belong. Based on the replies, we will sponsor a reunion in San Francisco, Wednesday, October 14, 1981 in conjunction with the American College of Surgeons. This is especially appropriate timing as it will give our alumni who are members of this group, as well as our California alumni, an opportunity to meet our own Joe McLaughlin '56 who was recently appointed Professor and Chairman of the Department of Surgery. Dean Dennis has this on his calendar and should be there, as well as Jean Goral, our Executive Director.

As a result of this survey, it is also anticipated that our alumni will meet in Philadelphia in April at the American College of Physicians. As a member of this organization, I will personally look forward to meeting you on this occasion.

The graduates of the University of Maryland School of Medicine have traditionally responded to its needs. It is comforting to know they will continue to provide these resources to the School enabling it to perform the mission of training future physicians.

It is with pleasure that I serve an organization with such tradition of service.

Regional Events

New York (Amityville)—October 10, 1981

University of Maryland Day at Brunswick Hospital Center

A M Tour of Facilities

Buffet Luncheon

P M Guest Speaker: Celeste L. Woodward, M.D., Assistant Professor of Medicine
Refugee Medicine in Thailand

Scientific Session: Selected Topics in Internal Medicine

Introduction:

Benjamin M. Stein, M.D.

President

Brunswick Hospital Center

John M. Dennis, M.D.

Vice Chancellor for Health Affairs

Dean, School of Medicine

Moderator:

Jack L. Mason, Ph.D.

Assistant Dean for Continuing Medical Education

Faculty:

Luis G. Martin, M.D., Associate Professor of Medicine
General Principles of Diabetes Mellitus

James C. Allen, M.D., Professor of Medicine
Practical Immunology

Sheldon E. Greisman, M.D., Professor of Medicine

Theodore E. Woodward, M.D., Professor and Chairman, Department of Medicine
Obscure Fevers, Mechanisms, Detection and Management

California (San Francisco)—October 14, 1981

American College of Surgeons Annual Meeting at the St. Francis Hotel

Maryland alumni are invited to attend a reception honoring Joseph S. McLaughlin, M.D., new Chairman of the Department of Surgery

Pennsylvania (Philadelphia)—April 1982

American College of Physicians Annual Meeting

Details will be provided in the next issue

Maryland (Baltimore)—May 26-28, 1982

Annual Alumni Reunion (Tentative Schedule)

Wednesday, May 26

Second Annual Abraham H. Finkelstein Memorial Lecture

Alumni Reception and Banquet

Presentation of Honor Award and Gold Key

Presentation of 50-Year Certificates

Thursday, May 27

Complimentary Continental Breakfast

Welcoming Remarks

Presentation of 25-Year Certificates

Annual Business Meeting

Tour of the School of Medicine

Complimentary Buffet Luncheon

Third Annual John Beale Davidge Alliance Luncheon (Members Only)

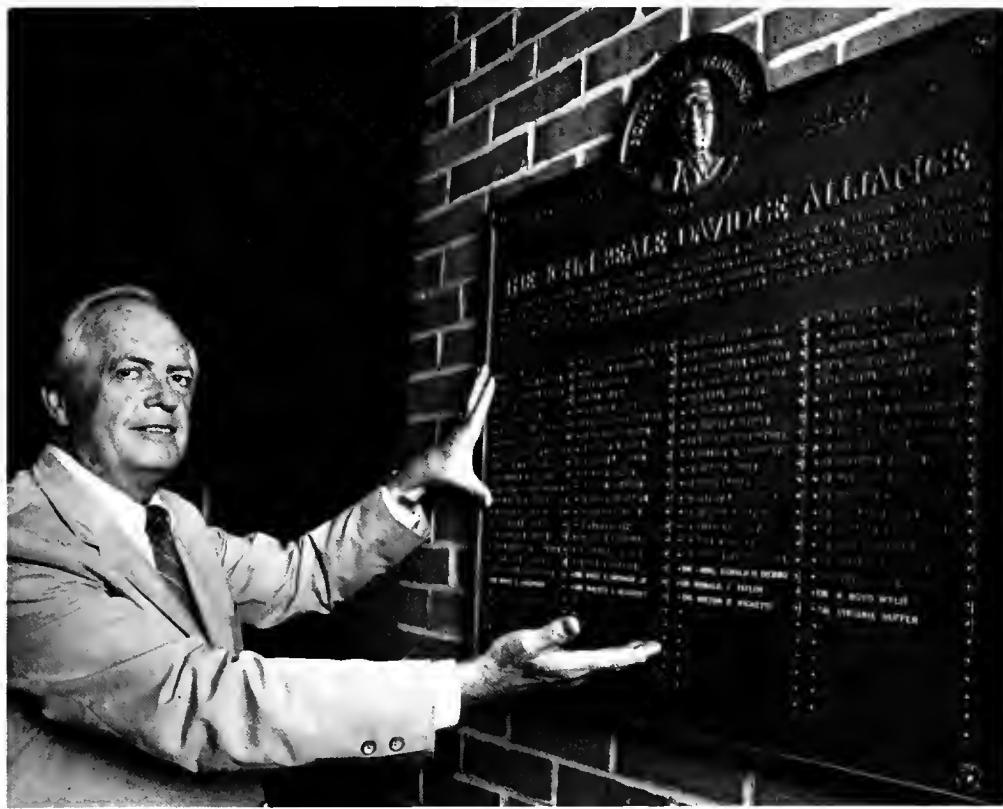
Specialty Scientific Sessions

Complimentary Cocktail Reception

Friday, May 28

Pre-Commencement Exercises

Commencement Exercises



Dean John M. Dennis announced an encouraging growth in John Beale Davidge Alliance membership since the dedication of the plaque in Howard Hall lobby. Twenty-eight alumni and friends, including Dr. Dennis '45, were added to the rolls of this recognition organization for major donors to the School of Medicine.

New Funds By The Dozen

- Chair for Anesthesiology by Anesthesiology Associates, P A
- Dr. Benjamin E. Finesinger Memorial Fund for the Department of Psychiatry through the transfer of a previously established fund from an external fiduciary.
- No Name Fund through outright gifts from Carl F. Berner, M.D., John N. Diaconis, M.D., and Leonard W. Glass, M.D., Class of 1961, for a purpose to be designated in the future.
- Pediatric Outpatient Clinic Fund through a bequest from the estate of Abraham H Finkelstein, M.D., Class of 1927.
- A substantial testamentary commitment was made which when realized will provide support for the Department of Psychiatry. However, the alumni donor does not choose to be identified with the planned gift at this time.
- Dr. Theodore E. Woodward Professorship through the outright gifts of colleagues, friends and former students of Dr. Woodward, Class of 1938.
- Greater Baltimore Medical Center Scholarship through an outright gift from GBMC.
- Simon and Bessie Grollman Distinguished Professorship for the Department of Obstetrics and Gynecology to be realized from the testamentary commitment of Jaye Grollman, M.D., Class of 1936, or an outright gift under certain conditions, made by Dr. Grollman to memorialize his parents.

1920's

Morris H. Saffron '28 was made an honorary fellow of the Academy of Medicine of New Jersey becoming the fourth individual so honored in the Academy's 70 year history. He was president in 1965-66 and has served the Academy in many capacities since becoming a fellow in 1948.

Dr. Saffron is the author of a number of books, the most recent being *Surgeon to Washington: Dr. John Cochran (1730-1807)* published by the Columbia University Press.

1930's

Mortimer D. Abrashkin '32 was a member of the committee for the 25th anniversary gala celebration of the World Rehabilitation Fund. Dr. Abrashkin practices preventive and rehabilitation medicine in Hollywood, Florida.



Photo by Ladd

Dr. Guyther

J. Roy Guyther '43D, a family practitioner in St. Mary's County, Maryland, was named president-elect of the 6,000 member Medical and Chirurgical Faculty of Maryland (Maryland State Medical Society). Dr. Guyther had been chairman of the Council of the Medical Faculty and has been appointed to State Board of Medical Examiners. He was president of the Maryland Academy of Family Physicians and is certified by the American Board of Family Practice. An associate professor of family practice at Maryland, Dr. Guyther was named "Family Doctor of the Year" in 1979 and received the national award at the White House from Mrs. Rosalyn Carter.

John Z. Bowers '38 retired after 15 years as president and board member of the Josiah Macy, Jr. Foundation, New York City.

Aram M. Sarajian '38, Bricktown, New Jersey, reports, "Last year, I suddenly noticed that I was falling behind in the newer medical modalities and knowledge and, since I'm semi-retired, I 'hit the circuit': from Vail, Colorado in March in geriatrics to Hershey, Pennsylvania in rheumatology to New Orleans for cancer to Mexico in October for a world conference on family medicine to Arizona for family medicine to Denver again in March for skiing and family medicine to Miami this year for 'aging'."

I'm tired so I quit for a while and I finally got the Physicians Recognition Award from the AMA and the New Jersey Medical Society."

Bernard S. Kleiman '39 has been elected president of the Maryland Society of Otolaryngology.

1940's

James R. Karns '40, chief of medicine at Maryland General Hospital, was honored at a testimonial dinner for his many years of service to Maryland General and to the field of medicine. An appropriate plaque commemorating the occasion was presented by his classmate, Wilfred H. Townshend, president of the medical staff.

Having retired from 30 years of government service with the Veterans Administration, **Elwin E. Stanfield '49** is entering practice as director of the Clinical Nutrition Center in Fayetteville, North Carolina.

Blue Shield of Maryland has announced the election of **John F. Strahan '49** to a three-year term on its board of directors. The board is comprised of 25 members who serve voluntarily without compensation, in the community interest.

1950's

Nicholas Demmy '50, a Cleveland neurologist, took the opportunity to watch history repeat itself by recreating a useful and beautiful cultural center for his community. Dr. Demmy and his wife, Olean, purchased a stately, old building constructed in 1917 as the original Hruby Conservatory of Music (closed in 1968) and began restoration. A major undertaking, the Demmy's realized the completion of their project, and today many Clevelanders stroll the halls of the Broadway Branch of the Cleveland Music School Settlement.

John W. McFadden '51 is associate professor of family medicine and clinical dean at Aultman Hospital, Canton, Ohio, for the Northeastern Ohio Universities College of Medicine. He conducts a two-unit family practice residency program involving 22 residents.

Of personal interest, Dr. McFadden has contributed to Baltimore's health care delivery system in the person of his middle daughter, Susan, who received her M.P.H. from Johns Hopkins two years ago. Susan is currently living in Baltimore just ten blocks from where her dad lived while attending medical school thirty years ago.

Hugh V. Firor '53, is first head of the new department of pediatric surgery at The Cleveland Clinic. He was formerly professor of surgery and pediatrics at the Texas Tech University School of Medicine, Lubbock, Texas, chief of pediatric surgery at Cook County Hospital, Chicago, and associate professor of surgery at the University of Illinois Abraham Lincoln School of Medicine.

J. Walter Smyth '54 is assistant professor in the department of urology at The Johns Hopkins Hospital, Baltimore.

The American Heart Association-Maryland Affiliate recently named **Joseph S. McLaughlin '56** recipient of the President's Award for his service as president of the affiliate's board of directors. Dr. McLaughlin first became active in the affiliate in 1966 as a member of the advisory committee and served in that position until

1969 when he joined the council on research. His extensive committee work continued even when he became president of the association's Central Maryland chapter in 1975. In 1979 he became president of the affiliate's board of directors.



Dr. Wilhelmsen

Hans R. Wilhelmsen '59 received the annual Loyola Alumni Award for 1980 in recognition of his service to Maryland in the field of plastic, reconstructive and hand surgery and in the establishment of numerous clinics on behalf of the Maryland Division of Crippled Children as well as for his work with rehabilitating spinal cord injuries.

Dr. Wilhelmsen is chairman of the Cleft Palate Clinic at James Kernan Hospital and consultant at Montebello State Hospital.

1960's

Morton E. Smith '60, professor of ophthalmology and pathology at the Washington University Medical School, St. Louis, was again the recipient of the "Teacher of the Year" award presented by the 1981 senior medical school class.

Gerald C. Kempthorne '61, in solo practice in Spring Green, Wisconsin, is president elect of the State Medical Society. He served as president and secretary of the medical staff at Sauk Prairie Memorial Hospital and medical director at Black Earth Manor Nursing Home in Black Earth. He is president of the River Valley School Board of Education in Spring Green. He is a fellow of the American Academy of Family Physicians and a diplomate of the National

Board of Medical Examiners and American Board of Family Practice.

Dr Kempthorne and his wife, Miep, (a native of Holland) have two sons, Raymond age 13 and Guy age 11.

Anthony J. Young '61, an internist in private practice in Ellicott City, Maryland, is a battle surgeon holding the rank of lieutenant colonel with the Maryland Air National Guard

Salvatore R. Donohue '64 recently delivered the graduation address of the School of Medicine at the Independent University of Guadalajara in Mexico. The first American to be so honored, he also was elected "Godfather" of the graduating class by the class and faculty of the school

He is adjunct professor of medicine for the Independent University for its students who elect to spend a year of training at Maryland General Hospital under a co-operative agreement through the Fifth Pathway Program. Dr. Donohue is senior vice president for medical affairs at Maryland General Hospital as well as director of the University of Maryland Fifth Pathway Programs.

Dr. Donohue is a diplomate of the American Board of Internal Medicine and of the National Board of Medical Examiners. He is also an associate professor of medicine at Maryland and served several years on the board of the Medical Alumni Association.

Jacob David Nagel '64 was re-elected president of the medical staff at Franklin Square Hospital, Baltimore.

Stephen M. Highstein '65 is full time professor of neuroscience at the Albert Einstein College of Medicine, New York City.

Beresford M. Swan '66, residing in Paget, Bermuda, is director of the renal dialysis unit at the Bermuda Hospital, Hamilton. He is certified in internal medicine with much of his practice in cardiology.



Dr. Cherry

Joel M. Cherry '68 is head of the urology division of the department of surgery at North Charles General Hospital, Baltimore. He served in the United States Air Force as chief of urology at the Air Force Hospital in Tampa, Florida.

Dr. Cherry resides in Baltimore with his wife, Harriet, and three children.

Elliot S. Cohen '68 is division psychiatrist to the United States Army's 4th Infantry Division at Fort Carson, Colorado. He recently was promoted to the rank of lieutenant colonel.

In pursuing his career goals in the internal medicine subspecialty of infectious diseases, **James G. Kane '68** has been elected to fellowship in the American College of Physicians.

David J. Riley '68, associate professor of medicine at Rutgers Medical School, was recently named director of the clinical training program in pulmonary diseases. He also was appointed adjunct associate professor of physiology and biophysics and was elected to the American Physiological Society.

Edward J. Young '68 is associate professor in the department of medicine (infectious diseases) and microbiology/immunology at the Baylor College of Medicine, Houston, Texas.

Elliott W. Chidekel '69 is associate professor of endocrinology at West Virginia University School of Medicine.

1970's

Robert F. Byrne '70, chairman of emergency services at Portsmouth General Hospital, Portsmouth, Virginia, has been certified by the American Board of Emergency Medicine. Also certified by the American Board of Family Practice, he finds emergency medicine appealing because, "It's an interesting, demanding, and fulfilling specialty that also allows time for a family life."

Dr. Byrne has practiced emergency medicine at Portsmouth General Hospital since 1973 and is president of Community Physicians, Inc., a corporation that provides emergency room staffing and management services to 30 health-care centers in 10 states. He is currently medical director of the Nansemond-Suffolk Rescue Squad (the second all-volunteer paramedic program in the country) and the Portsmouth Emergency Ambulance Service.

John H. Poehlman '70, in private practice in Dalton, Georgia, has been elected to fellowship in the American College of Cardiology. He was a member of the Alpha Omega Alpha Medical Honor Society and did his postgraduate work and fellowship in cardiology at Emory-Grady in Atlanta

Karen S. Fountain '72, former consultant in therapeutic radiology at the Mayo Clinic, Rochester, Minnesota, is clinical assistant professor and training director of radiation therapy residency program at the Columbia Presbyterian Medical Center, New York City.

William L. Lipman '72 is a diplomate of the American Board of Orthopedic Surgery and is in private practice in Newburyport, Massachusetts.

Jeffrey P. Block '74, in private practice of obstetrics, gynecology and fertility in Thousand Oaks, California, resides in Westlake Village. He recently became certified by the American Board of Obstetrics and Gynecology.

Lawrence F. Blob '76 is in the private practice of internal medicine in Baltimore, Maryland.

Anne Carol Goldberg '77 completed an internal medicine residency at Michael Reese Hospital, Chicago and moved to St. Louis, Missouri, for a fellowship in endocrinology and metabolism at Washington University School of Medicine. Dr. Goldberg passed the board of internal medicine and is currently investigating the control of growth hormone secretion.

Cynthia L. Graves '78 has completed a residency program in pediatrics at the Medical University of South Carolina in Charleston where she plans to study child and adolescent psychiatry.

Bruce E. Weneck '78 has completed a residency in pediatrics at Children's Hospital of Buffalo, State University of New York. A solo private practice in general pediatrics awaits him in Hagerstown, Maryland.

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Five members of the School of Medicine faculty were involved in an exhibit *Radio-nuclide Cineangiography in Practice*, a process which allows assessment of cardiovascular function without entailing the risk involved in cardiac catheterization. The exhibit received first prize at the 1981 annual meeting of the Medical and Chirurgical Faculty of Maryland and third prize at meetings of the Radiological Society of North America and American College of Cardiology.

Co-sponsors of the exhibit were **Gerald S. Johnston, M.D.**, professor of radiology and medicine and director of the division of nuclear medicine; **E. Ulric Buddeleyer, Sc.D.**, associate professor of medicine; **Mark M. Applefeld, M.D. '69**, assistant professor of medicine; **Theodore Sorandes, R.T.**, administrator in the division of nuclear medicine; **Francis H. George, M.D. '77**, nuclear medicine fellow; **Leonard M. Scherlis, M.D.**, professor of medicine and head of the division of cardiology; and **Joseph E. Whitley, M.D.**, professor and chairman of the department of radiology.

The University of Maryland **Beta Chapter of Alpha Omega Alpha honor medical society**, has named their annual lecture for **Dr. Theodore E. Woodward** upon his retirement after 26 years as chairman of the department of medicine in honor of his excellence in and dedication to the teaching of the art and science of medicine.

The annual lecture will bring well-known figures to the School of Medicine to further knowledge in the scientific, clinical or humanistic aspects of medicine. Although sponsored by the Beta Chapter of AOA it may be co-sponsored by any clinical department.

Dr. Mary E. Kirtley, professor of biological chemistry was appointed to the National Board of Medical Examiners' Part I Biochemistry Test Committee. She was selected from the most prominent members of medical faculties throughout the United States and Canada to develop national board examinations and to assure the quality and integrity of the overall evaluation system of the National Board of Medical Examiners.

Dr. Richard H. Baker, director of the School of Medicine's international health program and professor of microbiology, attended a conference on "Recent Developments in the Genetics of Insect Disease Vectors," hosted by the Rockefeller Foundation's Bellagio Study and Conference Center at Lake Como, Italy. Thirty scientists from various countries, the World Health Organization and the Rockefeller Foundation attended the April conference. Dr. Baker and **Dr. Richard K. Sakai**, associate professor at the School of Medicine's overseas unit, Pakistan Medical Research Center in Lahore, presented a paper entitled "Genetic Analysis of Some Vector Genomes in South Asia."

Dr. Peter Warschawski, assistant professor in the department of epidemiology and preventive medicine and the department of psychiatry, recently spent a week in Basel, Switzerland at the invitation of the Geriatric University Hospital, Basel. He presented lectures, seminars and workshops on topics in gerontology and geriatrics.

Dr. Leon Wurmser, professor of psychiatry and director of the alcohol and drug abuse program, recently lectured in Los Angeles, Chicago and Zurich, Switzerland. He spoke on "Two Forms of the Fight Against the Superego" at the Neuro-Psychiatric Institute at UCLA, at Cedars Sinai and at the Sepulveda V.A. Hospital. He presented "Two Approaches to Compulsive Drug Use" at UCLA Extension School of Medicine and chaired a workshop at the Los Angeles Psychoanalytic Institute on "Unlovability and the Magic Eye—Some Comments About Shame." He also addressed a meeting of the Los Angeles Psychoanalytic Society on "Shame Conflicts and Archaic Drives."

In Chicago, he addressed a conference on "Drug Dependence in the Seriously Disturbed Young Adult." In Zurich he presented a lecture series to the Psychoanalytic Society of Switzerland and the Psychiatric University of Zurich and Berne.

On October 22, 1980, at the age of 93, **Frank G. Strahan '14 (P&S)**, Newfane, Vermont. Dr. Strahan retired in 1961 following more than 50 years of active practice in New Jersey.

On June 16, 1981, at the age of 89, **G. Loutrell Timanus '14**, Rehoboth Beach, Delaware. Dr. Timanus practiced medicine in the Baltimore area until his retirement in 1960 and was active for many years with the Planned Parenthood Association.

On January 31, 1981, at the age of 87, **Mortimer H. Williams '21**, Roanoke, Virginia. Trained in ophthalmology and otolaryngology, Dr. Williams served in the United States Navy in both world wars. He was commanding officer of the First United States Naval Hospital, Cherbourg, France, in World War II.

On April 6, 1981, at the age of 82, **Henry Weinert '23**, Passaic, New Jersey. In 1924 he was appointed to the surgical staff at St. Mary's Hospital, Passaic, New Jersey, where he was director of surgery from 1936 until his retirement in 1959 and president of the hospital staff in 1953. Dr. Weinert was a member of the Rush Club and a 1923 recipient of the Gold Medal for scholastic achievement.

On June 15, 1981, at the age of 80, **Earl P. Clemson '23**, Baltimore, Maryland. Prior to retirement in 1972, Dr. Clemson was chief of the Vulva-vaginitis Clinic for the Baltimore City Health Department, instructor at University of Maryland and consultant in obstetrics and gynecology for Baltimore City Hospital. Dr. Clemson compiled over 600 case histories on polycystic ovaries. After retirement, he was gynecological consultant to the United States Public Health Service Hospital.

On December 30, 1980, at the age of 75, **Samuel Fisher '30**, Fort Lauderdale, Florida. A dermatologist for 35 years in Paterson, New Jersey, Dr. Fisher was recipient of the Medical Society of New Jersey's Golden Merit Award.

On November 15, 1980, at the age of 72, **Jerome L. Krieger '31**, Rockaway Park, New York. Dr. Krieger was captain in the United States Medical Corps during World War II and conducted his family practice in the

same area of Brooklyn, New York, for 43 years.

On May 16, 1981, at the age of 70, **Joseph Bernard Gross '35**, Baltimore, Maryland. Dr. Gross was an instructor at the University until World War II when he entered the Army and served as a major at the 302d Station Hospital in Europe. Prior to retiring from general practice in January, 1981, he conducted clinics throughout the state for the Maryland Tuberculosis Association.

On August 17, 1980, at the age of 69, **Sidney Safran '37**, Pittsburgh, Pennsylvania. Dr. Safran was engaged in family practice and was on the staff of Canonsburg General Hospital, Pittsburgh.

On June 5, 1981, at the age of 63, **Newland E. Day '42**, Baltimore, Maryland. A pioneer in the treatment of alcoholism, Dr. Day's interests also focused on the problems of the elderly. Serving on the Presidential Commission on Aging, he planned and implemented homes for the aged. He was chief of medicine at Sheppard Pratt Hospital, Baltimore, and served in the United States Navy during World War II.

On April 3, 1981, at the age of 73, **Sara E. Bennett Mann '49**, Eldridge, California. In 1968, Dr. Mann retired as psychiatrist at Sonoma State Hospital, Eldridge, California.

On January 29, 1981, at the age of 51, **John G. Albrecht '55**, Monte Sereno, California. An ophthalmologist, Dr. Albrecht conducted his surgical practice in Los Gatos, California.

On February 4, 1981, at the age of 50, **George Edmund Gifford, Jr. '55**, Dr. Gifford was a practicing psychiatrist as well as an historian of science. He wrote fluently of early medicine's link to natural history and earned an M.A. in the history of science from Harvard. He was clinical instructor of psychiatry at Harvard Medical School and associate professor of socio-medical sciences at Boston University where he also taught history of medicine. Dr. Gifford was a retired captain in the United States Navy.

In September, 1980, **Robert Lee Damm '58**, Beaumont, Texas. In the fall of 1978, Dr. Damm moved from Chestertown on

OBITUARIES

Maryland's eastern shore to Beaumont, Texas to practice general medicine and to become staff physician at St Elizabeth's Hospital and Beaumont Medical and Surgical Hospital

On May 30, 1981, at the age of 47, **Walter Douglas Weir,*III '64**, Baltimore, Maryland Associate professor of psychiatry at the University since 1968, Dr. Weir also was a member of the Department of Family Practice. He was a fellow of the American Psychiatric Association and a board member at the John L. Deaton Medical Center in Baltimore. While serving in the United States Army, Dr. Weir was chief of neuropsychiatry at a mobile hospital unit and commanding officer of a psychiatric detachment.

On March 28, 1981, at the age of 76, **Otto C. Brantigan (Faculty)**, Baltimore, Maryland. Dr. Brantigan received both his undergraduate and medical degrees from Northwestern University and studied at the University of Heidelberg in West Germany for a semester

Dr. Brantigan was clinical professor of surgery and anatomy at the University and wrote more than 100 papers including a text entitled, "Clinical Anatomy" which recently was revised for translation into Spanish. He was chief of surgery at Baltimore City Hospitals, Church Home and Hospital and Saint Joseph's Hospital where the hospital library bears his name.

On April 14, 1981, at the age of 60, **Robert G. Chambers (Faculty)**, White Hall, Maryland. Dr. Chambers received both his undergraduate and medical degrees from Duke University and served in the Navy Medical Corps at the end of World War II

Dr. Chambers trained under Dr. Grant E. Ward at Johns Hopkins University and University of Maryland under the auspices of the National Cancer Institute and was associated with both institutions as a teacher and staff member for many years. He was chief of head and neck surgery at the Greater Baltimore Medical Center where he co-directed the Milton J. Dance Head and Neck Cancer Rehabilitation Center

Thaddeus R. Bowers, Jr. '23, Bristol, Tennessee

On February 18, 1977, **Hugh E. Dean '24**, Burley, Indiana.

On July 23, 1980, **Earl F. Limbach '28**, Massillon, Ohio

Stephen Paul Coates '34, Suffield, Connecticut

On September 9, 1980, **George E. Dorman '34**, Bermuda Dunes, California

On January 23, 1981, **Irving Terman '34**, Fort Lee, New Jersey

On January 30, 1981, **William H. Grenzer '35**, Timonium, Maryland

At the age of 72, **Alvin Eugene Wode '35**, Baltimore, Maryland

On October 30, 1980, **Cyril Solomon '36**, New York City, New York

Robert J. Gare '37, Salisbury, Maryland.

On November 27, 1980, **Pasquale Piccolo '37**, New Haven, Connecticut.

Mabel G. Wilkin '37, Clay, Texas.

On May 7, 1980, **William R. Eaton '43M**, Pittsburgh, Pennsylvania

On March 21, 1981, **John M. Palese '43D**, Baltimore, Maryland

James S. Shortle '43D, Albuquerque, New Mexico

H. William Gray '46, Camp Springs, Maryland

On June 29, 1980, **Erlin J. Stahler, Jr. '49**, Allentown, Pennsylvania

On January 21, 1979, **Lawrence M. Demarest '50**, Jamaica, Vermont

NOTES for the NEWS

The BULLETIN likes to keep track of Alumni in the news. Have you changed jobs recently or relocated? Have you published, had honors bestowed or been involved in civic activities?

Send information, clippings and photos to:

*Merrill J. Snyder, Ph.D.
Editor, BULLETIN
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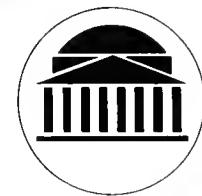
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BULLETIN



UNIVERSITY OF MARYLAND

Spring, 1982

medical alumni
association—
its school
and hospital

IN THE RAT SUPERIOR CERVICAL EFFECTS OF NERVE GROWTH

A.M. DOMBROWSKI (M.S.) AND R.J. COOPER

DEPARTMENT OF PHARMACOLOGY

SUMMER 1982 VOL. 10 NO. 1





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Medical Alumni Association

Annual Reunion

Wednesday, May 26, 1982

Beginning at noon	Registration Davidge Hall and Hyatt-Regency Hotel
12:30 - 2:00 p.m.	Second Abraham H. Finkelstein Memorial Lecture and Reception Auditorium, Medical School Teaching Facility SPEAKER: Ralph D. Feigin, M.D., Professor and Chairman, Department of Pediatrics, Baylor College of Medicine TOPIC: "Studies of Bacterial Meningitis in Children" Approved for C.M.E. Credit
6:30 p.m.	Annual Alumni Reception
7:30 p.m.	Annual Alumni Banquet Constellation Ballroom, Hyatt-Regency Hotel Presentation of Honor Award and Gold Key Presentation of 50-Year Certificates
8:30 - midnight	Open Bar and Dancing (Jan Harris Orchestra)

Thursday, May 27, 1982

8:00 a.m.	Registration Continues Continental Breakfast Davidge Hall
9:00 a.m.	Welcoming Remarks Presentation of 25-Year Certificates Annual Business Meeting Chemical Hall, Davidge Hall
11:00 a.m.	Dedication of the Restoration of Davidge Hall Immediately following Business Meeting
11:00 a.m. - 4:00 p.m.	Ladies Activities
11:30 - 1:00 p.m.	Alumni Buffet Luncheon Davidge Hall
12:00 noon	Third Annual John Beale Davidge Alliance Luncheon (for members only) Atrium, Medical School Teaching Facility
1:30 p.m.	Special Scientific Sessions Detailed information will be available in the Reunion Brochure
6:00 p.m.	Dean's Special Reception for Class of 1932 Room 14-029 Howard Hall Tower
6:00 - 9:00 p.m.	Alumni Cocktail Reception Davidge Hall

Friday, May 28, 1982

8:30 a.m.	Pre-Commencement Exercises Baltimore Civic Center
3:00 p.m.	Commencement Exercises Baltimore Civic Center

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BULLETIN

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BULLETIN

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ABOUT THE COVER: Place—Renovated Davidge Hall. Time—Student Research Day. Person—Student winners of the research presentations. Comment—Of such ingredients, tradition, experience, quest for new knowledge, productive youth, is excellence compounded

Cover photo by Phil Szczepanski

SAMUEL CLAGGETT CHEW

1837 – 1915

**Sixth Department Chairman, Professor of Principles and
Practice of Medicine, Bedside Clinician,
Leading Nineteenth Century Medical Educator in the
Old Medical School, Innovator of an Ausculatory Sound,
Patron of the Arts**

Theodore E. Woodward, M.D., M.A.C.P.

This is the seventh in a series of biographical sketches of former Chairmen of the Department of Medicine.

Samuel Claggett Chew was born in Baltimore, July 26, 1837, the son of Dr. Samuel Chew, who was then Professor of Materia Medica and Therapeutics of the University of Maryland School of Medicine. His mother was Henrietta Scott Chew, who, with her distinguished husband, provided a home where cultural refinements and educational attainments dominated the lives of parents and children. His great grandfather, Thomas John Claggett, was the first Episcopal Bishop of Maryland and the first Bishop of any church to be consecrated in America. Chew was educated at Princeton where he received his Bachelor of Arts degree in 1856. On returning to Baltimore, he undertook the study of medicine first under the direction of his father, who was Professor of Medicine and the Practice of Medicine. He completed his studies which consisted of short fall and spring sessions for two years at the University of Maryland Medical School. Chew graduated in 1858. This was followed by a series of studies for his Master of Arts degree at Princeton which was awarded in 1859.

After his formal education, Chew settled and practiced in Baltimore except during 1864 which he spent in study abroad in Italy and France. After his return from Europe, Richard McSherry was appointed to the Chair of Medicine in 1864, following the elder Chew's death in 1863. Simultaneously, Samuel Claggett Chew assumed the Chair of Materia Medica.

Chew had a broad knowledge of the general literature, both classic and modern, and he was enthusiastically devoted to all that is best in art and in science. His knowledge of history and of politics and his keen sense of the responsibilities of citizenship made him a true educator in Baltimore.

Chew held the Chair of Materia Medica and Therapeutics for twenty-one years (1864-1886). Now these disciplines are known as Pharmacology or, in part, as Clinical Pharmacology. During the early years of his academic tenure, Chew took pains to inform himself of the most effective therapeutic



Samuel Claggett Chew. Taken from group picture
of Baltimore Monthly Medical Reunion, February
10, 1881.

methods, their limitations, the unwarranted uses of drugs, and the need to teach *materia medica* in relation to the patient's problems. It was essential that he be a broadly versed clinician with competency in pathology, anatomy and the few other known basic sciences. He achieved scholarly competence through study of the available literature which made him a well-informed and popular professor. Chew utilized didactic lectures in his teaching of Practical Therapeutics. In the medical curriculum of that era, the only direct clinical experience was through brief patient contact during the advanced course in medical practice. Unfortunately, students had only a modicum of patient contact during the short curricular sessions and most of their clinical experience was acquired during their free time while working as apprentices with established physicians in the community.

Chew was characterized as one "whose teaching was elegant, varied and marked with profound scholarship. His intimate knowledge of the English language, his remarkable powers of analysis, the breadth of his medical learning, his keen sensing of the students' needs and limitations, and his splendid presence and rich voice made his didactic lectures models of the teachers' art." (Mitchell, C. W.: Dr. Chew, the Teacher. Bull. Med. and Chi. Faculty, vol 7: 77-80, 1914-15) The value of his lectures and those of any good teacher may be judged by the ability of the listener to record logical and objective notes from which useful data can be retrieved. To this end, Chew was a master.

During his twenty-one years as Chairman of *Materia Medica* and *Therapeutics*, Chew performed no laboratory studies but prepared numerous papers and reviews of important current therapeutic problems and expressed personal opinions based on experiences with patients and his knowledge of the literature. His initial writings in 1862 dealt with the contagiousness of phthisis (tuberculosis), in which he concurred with Lemaire, a distinguished French clinician, that tuberculosis was contagious with spread from person to person. In another paper, he described the use of strychnine in a patient with anesthesia of an extremity and proposed that the drug acted upon the motor tract of the cord and not the nerves or muscles. In this patient, he noted abatement of the loss of sensation in several weeks and concluded that strychnine was responsible. This may well have been the spontaneous remission of a case of multiple sclerosis. (Ref.)

In another paper, published in 1867, he described a "bellows" cardiac murmur heard just under the right scapula in a 31-year-old sailor with tuberculosis. The murmur was described as systolic (with the first heart sound). Present over the posterior surface of the right side of the thorax, it was best heard at the inferior angle of the right scapula and appeared to be synchronous with a similar murmur heard over the aortic area anteriorly. At autopsy, in addition to the tuberculous lesions in the right upper lobe, there were two hard masses, about the size of hickory nuts, consisting of "calcareous residuals of

tubercles" which pressed directly upon a branch of the right pulmonary artery. This, he astutely surmised, offered an obstruction (impediment) to the free passage of blood which accounted for the blowing murmur heard with each systole of the ventricles. (Ref. 1860) This is an example of excellent use of clinical skills and may rank Chew among the first to explain adventitious vascular sounds based on obstruction to blood flow.

In the same series of clinical cases, Chew described the clinical and pathological findings of a case of yellow fever. The patient, a sailor, died in the University Hospital on July 19, 1860, after three days of hospitalization. Confirmation of diagnosis was based on the presence of many oil globules in the liver since, at that time, the characteristic pathologic alteration of yellow fever was regarded as acute hepatic fatty degeneration. Before the end of the nineteenth century, William T. Councilman, a 1878 Maryland graduate, described the characteristic hepatic pathologic findings of yellow fever. Three major contributors to the conquest of yellow fever were Maryland graduates and students of Samuel Claggett Chew. They were Henry Rose Carter (1879), James Carroll (1891) and Councilman. Without doubt, Chew's teaching was an inspirational influence for them.

A particularly interesting paper of Chew's on blood letting was published in 1869. He surmised, based on the writings and beliefs of others, that venesection was greatly overused. It was regarded as useful for treatment of typhus patients when there is "great excitement, insensibility, excessive heat and extreme vascular tension." In some cases, he advocated it for apoplexy or stroke. Chew attempted to define indications when venesection would relieve an abnormal manifestation such as pulmonary congestion in heart failure, and hypertension or hypervolemia (term not then in use) in cerebral hemorrhage. Medicine had not yet advanced to an understanding of pathophysiology which lends additional credence to some of Chew's proposed beliefs. Some advocated blood letting in uremic states and puerperal eclampsia. Chew favored its use in pneumonia and regarded this indication as "well established" for relief of dyspnea and the "oppressed laboring action of the heart." He viewed the beneficial action of blood letting in pneumonia as an effect upon "mechanical principles by removing a

mechanical obstruction in accordance with the laws of physics."

In a delightful paper on "old age," the clinical findings of a near century old lady were described, including the use of small doses of belladonna and potassium bicarbonate which often relieved vesicle irritability of cystitis. In this geriatric article, Chew accepted the prevailing views of Rokitansky (Ref.) that fatty degeneration of tissues was the mechanism which led to death.

Chew published on the pathologic causes of jaundice and included gallstones as a cause of biliary obstruction. Pancreatic cancer was not mentioned even though Charcot and Courvoisier had already published on the subject. Duodenitis was thought to obstruct flow of bile. Chew did propose that there were two general types of jaundice, hematogenous and hepatogenous with either alterations in the blood or obstruction. These concepts were not too far off the mark.

Pneumonia, a common, often fatal disorder of the era, was accurately described and the case reports were vivid and informative. He regarded quinine and aconite to be useful therapeutically since they checked temperature and lowered arterial tension, respectively. Quinine was said to "check the amoeboid movement of the white corpuscles and the proliferation of cells" which explained its beneficial action at the onset of pneumonia! Chew noted that bilateral involvement or pleural effusion were poor prognostic signs in pneumonia. In a strange case, he described a remarkable spontaneous recovery when a patient with empyema expectorated copious amounts of purulent material which was not explained (1877). Possibly this patient might have had a large abscess of the lung with associated empyema, a bronchopleural fistula or an hepatic abscess which evacuated its contents via the bronchial system. This article had been preceded in 1873 by his review of the indications for thoracentesis and the technique of aspiration. The three indications for thoracentesis were: (1) bilateral effusions; (2) unilateral effusion which formed rapidly associated with dyspnoea and other symptoms; and (3) when grossly purulent fluid (empyema) was suspected. These were careful and conservative criteria. He described the difficulties of detecting fluid in the pleural cavity and stressed that aspiration was not an extreme

procedure and should be employed before it was too late. Tribute was paid to Rene Laennec for his prophecy that paracentesis of the thorax would be common and useful in proportion to the proper employment of auscultation as a diagnostic aid. Why do we continually forget! Chew, like others, stressed the importance of a flat percussion note as an important bedside aid. Some considered it possible to distinguish between serous and exudative fluids such as empyema by degrees of flatness of the percussion impulse. William Power, the predecessor of Chew's father, was the first to introduce the technique of percussion and auscultation in clinical instruction and practice at the school in 1841.

Two of Chew's papers during this phase of his career dealt directly with problems related to *materia medica* and *pharmacy*. In 1874, he discussed the value of iron therapy as proposed by Creuse of Paris, who later moved to New York. A syrup of the iodide of iron was made by mixing pieces of iron wire with iodide and distilled water. The resultant green colored concoction often upset the most stable of stomachs. Creuse's preparation consisted of potassium citrate added to a solution of iodinated iron. Often tincture of cinchona was given in combination with an iron preparation. The resultant stringent solution was said to be reliable for treatment of erysipelas. Chew does suggest that a placebo effect may have been the true "tonic" action. Croton-chloral hydrate (croton simulates crotonic acid in chemical composition) was recommended in cases of tri-facial neuralgia and for aiding the sleepless patient. Chloral hydrate alone was said to adversely affect the heart. Another medication, *Eucalyptus globulus*, an extract from the leaves and bark of the eucalyptus tree, was said to relieve paroxysms of malaria when quinine had failed; it also was a tonic for the appetite, accelerated the pulse and, in large doses, was a sedative to the circulation.

A particularly informative paper reviewed the value of digitalis in cardiac disorders (1875). Digitalis was described as a cardiac tonic. He rather astutely stressed that "dilatation of the left ventricle" was its most useful indication and, "in cases of pure uncomplicated hypertrophy," digitalis was inevitably injurious. Chew stressed the importance of auscultatory findings to guide therapy and pointed out that, in mitral regurgitation, there was a favorable reaction to digitalis with a



Samuel Claggett Chew. Taken during his tenure as Professor of Principles and Practice of Medicine, 1886-1909.

good prognosis. The work of European investigators who noted the effects of digitalis in frogs was quoted and that of Traube, who made dynamic measurements of man. Chew's measurements were made at the bedside; he admonished that, if digitalis was given with no scientific aim, the physician may have "sped the shaft which quivers in the heart."

Chew exhibited a diversity of medical knowledge and interests in all of his writings. A paper published in 1879, "Fatty Disease of the Heart," showed clearly that his clinical bedside knowledge of cardiac disorders was clear and comprehensive. Such manifestations as feeble and faint cardiac sounds, including the first heart sound, weak pulse, pulmonary rales and cardiomegaly, were all clearly described. The cause was ascribed to fatty degeneration of the heart, whether post-mortem examination was performed or not, a weak point in his interpretation. Chew accepted fatty degeneration as the major cause of cardiac disorders. Primary cardiomyopathy, myocarditis, or myocardial insufficiency with fibrotic changes resulting from episodes of myocardial infarction or chronic infection would have been the current interpretation in most cases. Chew was influenced by the writings of Stokes of Edinburg who, as early as 1846, proposed the fatty degeneration hypothesis. As early as 1815, Corvisart,

the physician to Napoleon, had carefully described the manifestations of carditis, which seems to have eluded Doctor Chew.

His ability to differentiate patients with (1) pericardial effusion and (2) pulmonary emphysema from fatty degeneration of the heart seems clear. Just what was meant by "simple atrophy of the heart" is vague. It was specified that valvular heart disease was responsible for cardiac dilatation. In this paper, there is reference to angina pectoris and the favorable effect of "nitrite of amyle." Even sudden death is described in "Fatty Heart Disease," the only mistake being misinterpretation of the pathologic cause; myocarditis or myocardial infarction would fit much better, but that was 1879.

In an introductory address to medical students in 1871, he spoke of the need for them to become aware of the known fundamental facts in chemistry, anatomy and physiology and to commit to their minds the contributions of Brown-Séquard and Claude Bernard in the anatomical structure and functions of the nervous and digestive systems. Even after competence had been gained in the manifestations of the known clinical disorders, he advised that often "no positive answer can be given, and our only guide to action must be an estimate of probabilities." (Chew, S.C.: Introductory Address, October, 1871, Sherwood and Co.) Here Chew was focusing upon the need to keep an open mind and rely on clinical suspicion. Dr. Randolph Winslow, an entering medical student in 1871, recalled Doctor Chew's aphorism during this lecture: "It has been said the poet is born, not made; but this is not true of the physician. The physician is made, not born." Doctor Winslow later became one of the school's most distinguished chairmen of surgery.

In this remarkable paper, Chew stressed the importance of auscultation, particularly of the heart. Although he did not use the term "inchng," he clearly described the necessity to move the ear or stethoscope "below to upward and find the sound increasing in loudness and harshness and finally attaining its greatest intensity at a certain point at the base of the organ." In this clinical case description, Chew had described a typical case of aortic stenosis (Chew). "Inching" is now an accepted bedside maneuver which Dr. Proctor Harvey has so effectively stressed in his clinical teaching.

Chew had the full respect of the medical faculty and of the entire medical community. His qualities as a physician and medical educator paralleled that of his father from whom he inherited natural attributes of high quality. The elder Chew was a guiding spirit of the University of Maryland School of Medicine as was his son. Changes in the character of practice and teaching of medicine were said to change radically during the two score years which separated the chairmanship of the Department of Medicine between father and son. During Chew's medical life, physiology was born through the pioneering work of Claude Bernard (beginning in 1846); the golden era of microbiology began in the 1880's with Koch, Pasteur, Lister, Smith and Welch in the forefront. The advances in chemistry by Davy, Faraday and others were made earlier in the nineteenth century. The younger Chew adapted well to these changes in his teaching although he was not personally involved in laboratory investigation. His basic observations were clinically derived.

From 1874 to 1879, he was Dean and Executive Officer of the Medical Faculty while he held the Chair of Materia Medica. In 1874-75, and again in 1877-78, Doctor Chew was Vice President of the Medical and Chirurgical Faculty of Maryland. In 1879-80, and for a second time in 1898-99, he was elected to the presidency of that body. (Cordell) He was examining physician to the Equitable Life Insurance Society and member of the Executive Committee of the Baltimore Academy of Medicine in 1880.

In 1886, Professor S. C. Chew was transferred by the Dean and Faculty to the Chair of the Principles and Practice of Medicine made vacant by the death of Professor Richard McSherry in 1885. Professor Isaac E. Atkinson was transferred from the Chair of Pathology to that of Materia Medica.

During his tenure as chairman, while teaching at the bedside or in the clinical amphitheater, Chew's method of instruction was most lucid and inspiring. "The quietness, refinement and depth of his sympathy for the poor and suffering, the gentleness of his voice and of his touch, the clearness and precision of his conclusions as to diagnoses, prognosis and treatment left upon the student mind impressions never to be forgotten. Students felt

that they were in the presence of one whose high attitude of thought." (C. W. Mitchell) This sense of achievement gained for him an attitude of reverence. After their graduation, students called upon him for consultations in difficult cases because of the affection and confidence which he had instilled in them. There were many long years of consultative work in the sick room of the well-to-do and poor alike. (Bull. Med. and Chir. Faculty, vol. 7: 1914-1915, 77-83) Thayer, a distinguished clinician of the Johns Hopkins faculty, described Chew as modest, thorough and unasserting with exceptional good judgement founded upon his natural abilities and training. He regarded Chew as an able diagnostician and a "remarkable good physician" and a teacher who exerted a very wide influence upon his fellow men. These comments were made by C. W. Mitchell and W. S. Thayer on the occasion of the presentation of Doctor Chew's portrait to the Medical and Chirurgical Faculty on November 14, 1914.

During his chairmanship, Doctor Chew never faltered in his devotion to teaching and he adhered to the highest standards of medical practice. Occasionally, he would escape from the poise of his inherited Quaker background. Once a student spoke to him of Professor Chisolm's (Professor of Ophthalmology) practice to auscult the heart before using chloroform. (Bond: "When the Hopkins Came to Baltimore") Doctor Chisolm was said to apply his ear directly to the chest of a patient prior to an eye operation and say "heart perfectly normal, go ahead with the anesthetic." Also, he followed the practice of continuing the use of chloroform after a patient's heart stopped beating during an eye operation and seemed to get away with it. (Bond) On hearing this, Chew angrily remarked, "Chisolm auscultating the heart, Chisolm don't know any more about auscultation than a cow!" Chew was greatly respected. Bond, a medical student at Maryland from 1880 to 1882, felt that Professor Chew taught the use of remedies in sickness as well as anyone and regarded him as one of the ablest practitioners in the country. Students spoke of one fault attributed possibly to his Quaker ancestry. "He would not fight for his students in the faculty meetings in the matter of prizes, hospital appointments, etc., at graduation," (Bond) "Howard," (Professor of Gynecology and Pediatrics, the first established in the U.S.) they said, "will fight for his students to the last ditch." (Bond)



Samuel Claggett Chew. Picture of portrait which was completed in 1914 and presented to the Medical and Chirurgical Faculty on November 14, 1914.

In a delightful account of Baltimore in the eighties and nineties, Janvier (ref.) described how busy practitioners kept from two to four horses in their stables and many had Irish or colored drivers who were characters. There were livery stables on streets and alleys in every part of Baltimore.

Physicians of these old days were described as being on the streets day and night and "knew nothing of the semi-leisure of the specialists of today" (speaking of 1933). Like apothecaries, physicians had night bells and speaking tubes at their front doors.

Janvier described a handsome "lot" of men who were old Baltimore physicians, such as Samuel C. Chew, N. W. Kneass, Christopher Johnson, Ridgely B. Warfield, I. E. Atkinson and others.

Janvier devoted a short section to bearded men in Baltimore. Whiskers were worn commonly in the late nineteenth century described as Buffalo-Bill type, Van Dyke, full-blown, mutton-chop, and noble full beard, the flowing whisker type, close-cropped and rounded, and others. Samuel C. Chew was mentioned among the physicians with "whiskers of special interest." (See figure 2)



Residence of Samuel C. Chew at 215 West Lanvale Street,
late nineteenth century.

During and after his tenure as Chairman, Professor Chew was frequently asked to speak and present his views because of his cultural attainments and the leadership role which he played in medicine in Baltimore. He was the principal speaker on various commemorative occasions. In 1878, he addressed the Medical Alumni Association and gave a delightful and sensitive memorial tribute of Nathan Rhyno Smith who died on July 3, 1877. Professor Smith, or the "Emperor" as he was known, held the Chair of Surgery at Maryland for almost fifty years and made lasting contributions to surgery, such as his invention of the lithotome, the anterior splint and other first contributions on management of fractures of the lower extremity. Chew was very proud as a younger man when Professor Smith remarked to him, "Among all whom I have known in my whole life, I have never known a wiser or better man than your father" (Chew, S. C.: The Chair of Medicine in the University of Maryland, Williams and Wilkins, 37-44, 1908)



Residence of Samuel C. Chew, Roland Park, 3 Midvale Road, where he resided at the time of his death.

Another scholarly writing of Chew's was his tribute to Professor George W. Miltenberger (Chairman, Obstetrics) on the occasion of the presentation of his portrait to the Medical and Chirurgical Faculty in 1908 (Chew, S. C.: Addresses on Several Occasions. The Deutsch Company, 1906)

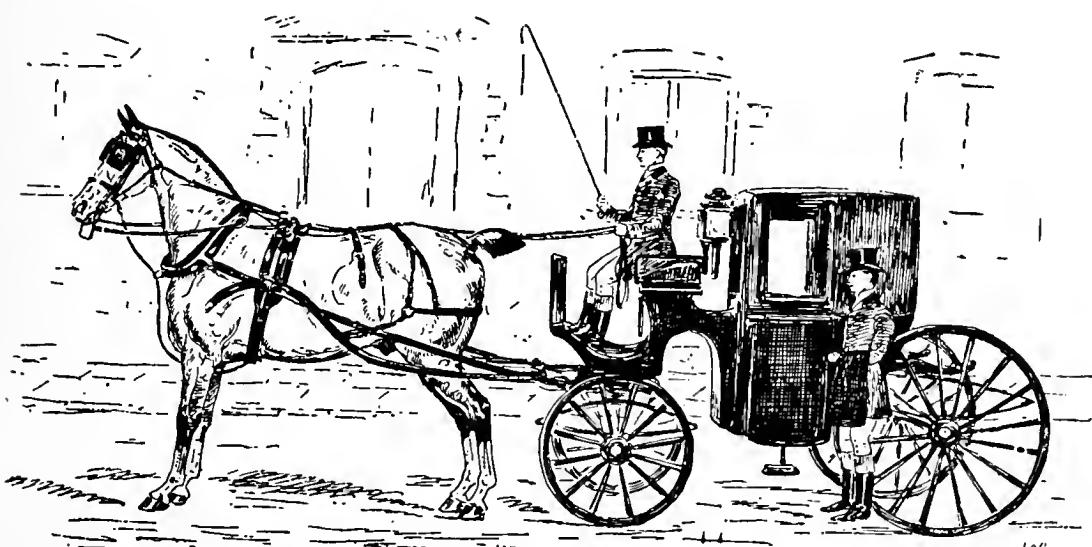
Two notable papers merit additional attention. In his Presidential Address to the Medical and Chirurgical Faculty in April, 1880, Chew spoke of medicine in the past and future. He remarked how medicine had changed from the early nineteenth century when medicine was based mainly upon symptoms and how it had progressed to the solid factual foundation of physiology. Laennec was placed on the highest pedestal and to him was attributed the gift to detect "thoracic diseases with certainty at the period when treatment is most applicable and beneficial." (Chew, 1880) Were Chew living in 1982, he would insist that the patient first be carefully examined before undertaking SMA 6, roentgen and computerized procedures. In his address, Chew spoke of Heberden's great work in Cambridge, known not only for his descriptions of angina pectoris and "Heberden's nodes" but his accurate delineation of various disease pictures. Also, he commented about Heberden's errors of interpretation of physical findings in consumption (tuberculosis) and his view regarding the cause of cerebral apoplexy. Heberden died in 1801, well before the work of Laennec.

In stressing the need for basic knowledge of anatomy, physiology, pathological anatomy, Chew prophesized that in the future, there would be "more delicate and subtle methods of examinations than any we now possess, will foreshadow impending diseases, or detect

them at earlier and more remediable periods of their courses." He predicted the successful arrest of the histologic changes in inflammation and that "epidemic disease the nature and origin of which are involved in obscurity, the pestilence that now 'walketh in darkness' will be set in clear light to be blotted from the sum of human ills forever." This was said in 1880. A similar talk was presented by Chew to the Medical and Chirurgical Faculty on "Medicine in the Nineteenth Century" in 1906. In it he spoke of Jenner's work on smallpox vaccination and its impact on medical practice. He included Dr. John Crawford's introduction of vaccination to Baltimore in 1901 and deprecated the criticism which Jenner had received. Laennec was cited for his great contribution to medical science as was Richard Bright for his work on nephritis and dropsy, Doctors Morton and Warren for their work on anesthesia and "painless surgery" and the works of Pasteur, Koch, Eberth, Fraenkel, Friedlander, Lister, Klebs, Loeffler, Pfeiffer and Haffkine on tuberculosis, cholera, typhoid fever, pneumonia, diphtheria, influenza and plague. The advances made in modern surgery were directly attributable to the discoveries of anesthetics and development of bacterial pathology and antisepsis. The current therapeutic advances and benefits of bromides in neurotic disorders were described as were the use of arsenic in pernicious anemia, the salicylates and the alkalines in rheumatism, the skilled use of digitalis, the antitoxin treatment of diphtheria and the

hydro-therapeutic treatment of typhoid fever. The helpful relief of pain by the hypodermic needle in renal or biliary calculi and the instant relief of the agony of angina pectoris by amyl nitrite were included. Some of these medical and surgical practices in the early twentieth century are now obsolete; others have stood up or have provided leads from which other advances and known cures have developed. Chew was a master at clearly and concisely reviewing and objectively describing the writings of others. That is an art.

In another address in 1906, Chew criticized most medical schools, including his own, "whose students with respect to chemistry have never handled a test tube or a retort, as regards their physiology had never seen the action of gastric juices, the pulsation of the heart, the circulation of the blood and the response of any nerve to stimuli, as regards surgery, had never lanced an abscess, as regards medicine proper, had never heard a crepitant rale or a cardiac murmur." This is now happening in American medical education. Doctor Chew said, "Now all of this has changed, attendance on the course of instruction is obligatory, laboratory work for chemistry and histology is required for all students, bedside instruction in surgery and medicine, clinical teaching, that is, in the true and liberal sense, is imparted to all. It is incredible that the former system could have maintained for so long. Speaking in behalf of the University of Maryland that condition of



Type of livery used by well-established citizens in Baltimore in the late nineteenth century. (From Janvier, M.: Baltimore in the Eighties and Nineties. H. G. Roebuck and Sons, 1933.)

things will never be returned to." (Chew, S. C.: Medicine in the Nineteenth Century, Book on Addresses, The Deutsch Company, 1906) Chew would be a very unhappy man today.

During his later years, Doctor Chew contributed a section to Pepper's System of Medicine, a popular text of the day. On the death of his father, he completed a series of student lecture notes on medical topics which was unfinished. This is an informative series on clinical manifestations of various medical disorders and practical therapeutics.

Doctor Chew was a member of the University of Maryland Board of Regents and twice President of the Medical Alumni Association in 1877-78 and 1893-94. For a number of years, Doctor Chew served as a consulting physician to the Johns Hopkins Hospital. Professor W. S. Thayer said of Doctor Chew, "He has presented and presents today the figure of a truly superior man, a man whose intellectual superiority has not only made him a very wise doctor but has given him the power to use his wisdom and his humanity in such a manner that they may exert their greatest effect." (Bul. Med. and Chir. Fac. 7: 77-83, 1914-15) One of his community interests was the Peabody Institute which he served for several years as President of the Board of Trustees. He was a charter member of the Society of Colonial Wars in Maryland, served for many years as surgeon of the Maryland Society, and, in 1893, was elected Surgeon-General of the National Society. He was a member of the Episcopal Church. Chew enjoyed the intimate friendship and almost daily companionship of Mr. William T. Walters, who founded the art gallery.

During a recent conversation with W. Houston Toulson, M.D., Professor Emeritus of Urology, Pete recounted that Samuel C. Chew, when asked if he ever invoked help from the Divine Being in his diagnostic practice responded, "Yes, but not until I have exhausted all the talents given me by the Divine Being."

Chew's first wife was Maria Gibson, daughter of Patrick Gibson of Baltimore, whom he married on April 26, 1866. His second wife was Agnes Robb Marshall, daughter of Alexander John and Ann Elizabeth (Robb) Marshall of Warrenton, Virginia, and Baltimore; their marriage was on June 5, 1884.



Gravesite and marker of Samuel C. Chew (left), Greenmount Cemetery (Lot #6, Hemlock Section).

Mrs. Chew was born on November 8, 1858, and died well into the twentieth century on June 5, 1935. There were three sons: John Marshall Chew, born August 20, 1886; he died October 22, 1901; Samuel C. Chew, Jr., born August 31, 1888 and died January 15, 1960. Henry Dorsey Chew, a third son, was born January 15, 1891 and died March 24, 1965. The family is buried at Greenmount Cemetery, Lot no. 6, in the Hemlock section.

In 1909, Chew retired as Chairman of Medicine. These later years were spent at his residence in Roland Park, 3 Midvale Road. (See figure 6) He continued a limited practice of medicine and maintained an enthusiastic interest in community affairs. For several years, his health waned and he was unable to leave his home for the last six months. Doctor Chew died quietly at his home on March 22, 1915. Services were held for him at Mount Calvary Church, where he served as vestryman, and were followed by burial in the Greenmount Cemetery on March 24. Among the honorary pallbearers were prominent members of the medical profession which included Charles W. Mitchell, Thomas A. Ashby, Randolph Winslow, R. Dorsey Coale, J. M. T. Finney, William H. Welch and W. H. Thayer.

The death of Samuel C. Chew brought an end to seven decades of distinguished medical teaching of students and graduates of the University of Maryland which began with his father in 1841.

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Medical Students Involved in Research

Student Research Day was held in Davidge Hall on Wednesday, March 3, 1982; this event was sponsored by the Student Research Day Committee and Alpha Omega Alpha Medical Honor Society whose President, John Baer (MS IV), served as moderator for the session. Seventeen students submitted eighteen abstracts of research efforts which they had undertaken, usually during summer vacations or free time during the school year. In order to allow recognition of each student's endeavors within the constraints of time, the session was split between oral and poster presentations. Entering Chemical Hall at 12:30 P.M. on March 3rd one found animated discussion around the poster presentations between student presenters, faculty advisors, judges and other faculty and students. This was followed by oral presentations interspersed with additional time to view the posters. Twelve faculty members served as judges and, while their votes were being tallied, Chancellor T. Albert Farmer gave an address on his view of "the role of the student in medical research." Doctor Farmer's address follows the research abstracts.

The judges had a difficult task selecting three presentations from the excellent student efforts for special recognition.

FIRST PRIZE

Estrogen Modulates Neural Control of Muscle Glucose

6-Phosphate Dehydrogenase

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The activity of glucose 6-phosphate dehydrogenase (G6PD), the rate-limiting enzyme of the pentose phosphate pathway, increases after denervation of the rat extensor digitorum longus (EDL) muscle. The denervation-mediated increase in G6PD activity is sexually dimorphic; after denervation, G6PD increases more rapidly in EDL muscles of female rats than male rats. Previous studies by Max and Knudsen (1980) have demonstrated that exogenously administered estrogen (E₂) can enhance the increase of G6PD activity in rat EDL muscles following denervation. The purpose of these studies was to investigate whether endogenous levels of E₂, secreted during the different stages of the rat estrous cycle, effect this denervation-mediated increase in G6PD activity.

During metestrus, diestrus and estrus, when endogenous levels of estrogen are low, the increase in G6PD activity in response to denervation is also low, reaching a maximum of 135% of control values. During proestrus, when estrogen levels are elevated, the increase in G6PD activity in denervated EDL muscles is significantly greater ($p < 0.05$) than at other stages of the estrous cycle, reaching 183% of control values. Injection of actinomycin D, (an inhibitor of RNA synthesis), at the time of denervation in proestrus rats completely prevented the increase in G6PD activity.

These studies demonstrate that the effect of denervation on G6PD activity is modified by variations in endogenous E₂ during the estrous cycle of the rat and offers evidence that the effect of E₂ involves enzyme induction (Schaefer et al., J. Neurochemistry, 1982, in press). Supported by grants from NIH (NS-15760 and NS-15766) and NASA (NAG 2-1000).

SECOND PRIZE

Enzyme and Muscarinic Receptor Alterations in the Rat Superior Cervical Ganglion (SCG): Effects of Nerve Growth Factor (NGF)

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Previous work by Harkonen and Kauffman (1974) and Sincic et al (1979) demonstrated the induction of the specific activities of glucose 6-phosphate (G6PD) and 6-phosphogluconate (6PGD) dehydrogenases in the rat SCG localized to the neuronal compartment 3 days following surgical avotomy. Furthermore a reciprocal fall in muscarinic receptor concentration occurred.

These results were duplicated in the SCG with 3 daily injections of adult rats with 6-hydroxydopamine (100 mg/kg). 6-hydroxydopamine is known to selectively destroy adrenergic nerve terminals and reduce the retrograde transport of NGF (Johnson et al 1978). With the administration of NGF (2.5 mg/kg) and 6-hydroxydopamine concomitantly the fall in muscarinic receptor concentration as measured by H₃N⁺ methylscopolamine (H₃-NMS) binding was reduced by 15%. The administration of NGF alone had no effect on the enzymes but increased the binding of H₃-NMS by 34%.

In a serum-free culture medium explants of the SCG after 3 days demonstrated a fall in H₃-NMS binding in the absence or presence of NGF to 0.3 Hg/ml. Increasing NGF to 3.0 or 30 Hg/ml prevented the drop in receptor concentration. In the presence of this same range of NGF concentration the specific activities of both G6PD and 6PGD increased after 3 days *in vitro*.

These results suggest that, while muscarinic receptors in the rat SCG might indeed be regulated by the retrograde transport of NGF, the two pentose phosphate pathway enzymes are responding to a different and as yet unidentified signal.

THIRD PRIZE

Isolation of *Pseudomonas Stutzeri* from Phenolic

Disinfectant System in Laminar Air Flow Rooms

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Phenolic compounds are widely used as disinfectants in medical facilities where consistent elimination of organisms, especially opportunistic pseudomonads, is mandatory. During an evaluation of a newly installed, automatically functioning disinfectant system used in toilets and for cleaning laminar air flow (LAF) rooms, *P. stutzeri* was repeatedly cultured from the phenolic disinfectant, Micro-BacR, at its recommended dilution of 1:256. This organism was isolated repeatedly from sink traps, toilets and disinfectant lines of all eight LAF rooms. The organism was not isolated from other aspects of the LAF rooms nor cultured from the multiple diagnostic and surveillance cultures of patients in these rooms. The phenolic disinfectant was bacteriostatic against the organism only to a 1:32 dilution. Two other commercially available phenolics were one dilution less active. When stock Micro-BacR, undiluted, was infused through the disinfectant system for 45 min., *P. stutzeri* could not be isolated for 72 hr postinfusion, however it later reappeared. Removal of a deadend sidearm reservoir plus substitution of low concentration chlorine (10 ppm) for the phenolic was successful in suppressing the organism. The survival of *P. stutzeri* in this phenolic demonstrates the importance of microbial surveillance in areas housing patients with high risk of infection. In addition, *P. stutzeri*'s persistence in a phenolic disinfectant is the paradigm of the adaptive capacity of microorganisms.

Suicidal Behavior Among Alaskan Youths

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217 Alaskan children and adolescents admitted to the Alaska Psychiatric Institute, Alaska's only mental hospital, between January, 1980 and June, 1981 were studied with regard to recent alarming trends in suicidal behavior. Epidemiologic analysis using Student's t-test was conducted by race, sex and age combinations for 15 factors encompassing rates of suicidal behavior, DSM III Stressor and Function ratings, method and severity of suicidal events and psychosocial history. Among other differences, natives are found to have a higher proportion of suicidal admissions relative to their 1980 Census population for all ages ($p = .0005$). Natives follow traditional suicidal method patterns, non-natives do not. For almost every psychosocial factor examined, alcoholic parent, knowing suicides, violent deaths in the family and death of a parent, natives show dramatically greater proportions of disrupted family backgrounds. These differences highlight Alaskan adolescent suicidal behavior as a cultural phenomenon. Clinical interviews suggest that a clash of cultures has occurred, with adolescents at the breach. Our discussion emphasizes cultural factors involved in suicidal behavior and recovery.

Rosette-Forming Cells in Thymus of Sudden Infant Death Victims

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The cause of Sudden Infant Death Syndrome (SIDS) is unknown although it is believed to be a result of multiple factors. It has been postulated that deficient immunological responses to antigens in the environment could be a factor in the pathogenesis of SIDS.

Since the thymus is involved in both cell-mediated immunity as well as antibody-mediated immunity, its pathology in SIDS is a main focus of interest. In this laboratory, cell receptors of thymocytes were evaluated in both control babies and SIDS victims in their ability to form rosettes with sheep erythrocytes. In a population of over 100 SIDS and 30 controls, it was found that a small subset of SIDS victims had a lower percentage of rosette-forming cells in the thymus than did appropriate controls, indicating a possible immune deficiency in some SIDS victims.

An Epidemiologic Investigation of the Guillain-Barré Syndrome in Maryland, January 1, 1977-June 30, 1981 (Preliminary Report)

Mitchell I. Burken (MSIV), University of Maryland School of Medicine, and Ebenezer Israel, Maryland State Department of Health and Mental Hygiene, Division of Communicable Diseases and Epidemiology

The Guillain-Barré Syndrome (GBS) became a reportable disease in the State of Maryland in February, 1977, and all physicians practicing in Maryland have been required to submit report documents to the State Division of Communicable Diseases and Epidemiology for all diagnosed cases of GBS. The current investigation summarized the key epidemiologic features of GBS in Maryland, and it further compares the Maryland findings with those of a nationwide GBS surveillance, conducted by the Centers for Disease Control, which (1) utilized practicing neurologists only and (2) included all states except for Maryland. The 144 reported cases in Maryland covering the period January 1, 1977-June 30, 1981 reflect a crude attack rate of 0.77 (per 100,000 pop/yr), this is within the range of incidence rates established by previous studies on well-defined populations (1,2). GBS in Maryland was found to have significant predominance among males and whites as well as a bimodal age distribution (mean = 43.1), with broad peaks occurring from 15 to 44 and then again between 55 and 74. In addition, no geographical or seasonal clustering was observed in Maryland. In the present study, prior influenza vaccination was found to incur no significant increased relative risk for contracting GBS although the National Influenza Immunization Program of 1976-1977 had previously been associated with an enhanced risk. However, antecedent "viral" type symptoms, within several weeks of the onset of GBS, were found in a majority of cases in Maryland, thus supporting existing evidence for a post-infectious etiology.

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Studies of Estrogen Biosynthesis in the Rat Ovary Using Aromatase Inhibitors.

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The final reaction in the estrogen biosynthesis pathway, the conversion of androstenedione (A) and testosterone (T) to estrone (E₁) and estradiol (E₂) by aromatase, involved several intermediary steps. Aromatase inhibitors are currently under investigation in this laboratory. Animal studies have revealed that these inhibitors are able to reduce ovarian estrogen secretion and cause regression of hormone-dependent mammary tumors, suggesting that these compounds have potential for breast cancer treatment. To understand in more detail how these compounds act, the intermediary steps in the aromatization reaction were studied. Microsomes prepared from PMSG-primed rat ovaries were the source of aromatase and were preincubated for 1 hour at 37°C with or without aromatase inhibitor, 4-hydroxyandrostenedione (4-OH-A). Following removal of inhibitor, separate incubations were carried out with ¹⁴C A and ³H 19-hydroxyandrostenedione (19-OH-A), an intermediate in the aromatization reaction. An NADPH oxygen generating system was included. After incubation, appropriately labelled steroids were added and the products of the reaction, A, T, 19-OH-A, E₁, and E₂, were isolated and purified to constant specific activity (³H/¹⁴C) by TLC and column chromatography. Incubations of ¹⁴C A + ³H 19-OH-A were also carried out under identical conditions. The results indicated that 90% of the estrogen produced by the ovary is E₂ and that it is produced 1.5 times faster from 19-OH-A than from A. 4-OH-A inhibited the conversion of 19-OH-A to E₂ (88%) more than to E₁ (65%). However, the conversion of A to 19-OH-A was also inhibited by 4-OH-A, resulting in almost complete inhibition of the conversion of A to E₂.

Acute Nonlymphocytic Leukemia: Possible Enhancement of Complete Remission Duration by Viral Hepatitis

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The medical records of 65 consecutive, identically treated, acute nonlymphocytic leukemia patients were reviewed. Of these patients 42 of 65 (34%) obtained a complete remission with 33 of the 42 remission patients (79%) experiencing viral hepatitis within 160 days of induction chemotherapy. 29 cases were determined to be type nonA/nonB hepatitis, the remaining 4 cases being type B. The median duration of complete remission was longer ($p = 0.039$) for patients contracting hepatitis (258 days) compared to patients without a hepatitis episode (103 days). Median overall survival was also longer ($p = 0.013$) for patients developing hepatitis (697 days versus 322 days respectively). These results however did not account for a possible bias due to the long incubation period of hepatitis. A more appropriate statistical method was employed to correct this, and this confirmed the original observation. The data base was then expanded with a series of two groups of 83 consecutive patients who received similar, albeit different, chemotherapy (one in 1971 and another in 1978). The identical clinical criteria defining complete remission, hepatitis development, and other parameters were utilized. In the earlier study, 33 of 42 (78%) experienced viral hepatitis. The more recent series of 83 patients however demonstrated 59 of 83 (67%) patients obtaining a complete remission, 36 of the 57 (63%) remission patients experiencing viral hepatitis. The median complete remission duration for those patients developing viral hepatitis was 338+ in comparison to 247+ for those without hepatitis. However, analysis to correct for the time-dependent covariate failed to find the results statistically significant. In conclusion, viral hepatitis is a common complication of acute nonlymphocytic leukemia therapy but for some subgroups of patients may, for reasons unknown, be beneficial to complete remission duration.

Norfloxacin: Induction of in Vitro Resistance

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Norfloxacin (NF), a newly developed oral antibiotic similar in structure to nalidixic acid (NA), is being proposed as treatment for

urinary tract infections (UTI), particularly with multiply resistant organisms. NF inhibits these organisms at 8 $\mu\text{g}/\text{ml}$, a level easily obtained in the urine, and is 32- to 128-fold more active than NA. We examined whether resistance to NF could be induced by passage on subinhibitory concentrations of the drug.

Overnight growth of *E. coli* (ATCC25922) and *P. aeruginosa* (ATCC27853) was swabbed onto agar plates with subinhibitory concentrations, 1/2 the minimal inhibitory concentrations (MIC's) of NF or NA. This procedure was repeated serially, increasing by 2-fold the concentration of NF or NA each day. MIC's were determined for NA, NF and 7 unrelated urinary tract antibiotics.

With NA in the agar, the MIC's for *E. coli* to NA rose from 2 to 256 $\mu\text{g}/\text{ml}$ with a concomitant rise for NF from 0.03 to 2 $\mu\text{g}/\text{ml}$. With NF in the agar, MIC's to *E. coli* rose from 0.03 to 16 $\mu\text{g}/\text{ml}$ with a concomitant rise for NA from 2 to 256 $\mu\text{g}/\text{ml}$. With NF in the agar, MIC's to *P. aeruginosa* for NF rose from 2 to 256 $\mu\text{g}/\text{ml}$. In each case, MIC's to the other urinary tract antibiotics did not change.

We conclude: 1) high level resistance can be induced in *E. coli* and *P. aeruginosa* by subinhibitory concentrations of NF; 2) organic acid antibiotics appear to induce cross-resistance to each other but not to other urinary tract antimicrobials. We predict that, although NF may cure uncomplicated UTI, isolates resistant to NF may be expected to develop with NF therapy when a foreign body such as an indwelling catheter is present.

Effect of Thyroid Hormone Status on Metabolism of Ketone Bodies and Glucose in Brain

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Neonatal brain utilizes ketone bodies, acetoacetate (Ac₂), B-hydroxybutyrate (BHOB) and glucose (Glc) as sources of energy and lipids. Comparison of the rates of oxidation of 3-¹⁴C-Ac₂, 3-¹⁴C-BHOB, and 6-¹⁴C-Glc in brain whole homogenates (HOM) with those in dissociated brain cells (DBC) showed a marked influence of intact cell membranes on the rates of use of the compounds. In neonatal rats, the oxidation of the two ketone bodies by HOM was 3 to 4 fold higher than by DBC. However, the rates of glucose oxidation were essentially the same in the two preparations. In contrast, the oxidation of ketone bodies in HOM and DBC preparations from adult animals was essentially the same, whereas glucose oxidation by DBC was twice that of HOM. These same comparisons using only brain stem cerebrum or cerebellum revealed regional differences in these relationships. Thyroid status of young rats was altered by either injection of T₃ in suckling pups or administration of propylthiouracil via gastric tube to lactating dams. The resulting hyper or hypothyroidism altered the relative rates of oxidation in HOM and DBC, and the effects were dependent on the substrate oxidized, the specific brain region and age. Furthermore, these differences could not be accounted for by changes in ketone body enzymes, B-hydroxybutyrate dehydrogenase, CoA transferase and thiolase. The results suggest a role for thyroid hormone at the level of the cell membrane and may reflect the different characteristics of, and age-related changes in, transport systems.

The Effect of Hyperthermia (HT) on Uptake and Metabolism of Adriamycin (ADR) by Rat Liver Slices

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Medicine and University of Maryland Cancer Center,

University of Maryland School of Medicine

We investigated the influence of HT on uptake and metabolism of ADR *in vitro*. HT has been shown to decrease the activation of cyclophosphamide to alkylating metabolites *in vitro* and in man. The effects of HT on ADR metabolism and disposition in animals are variable, with reports of increased toxicity, decreased toxicity and minor or no alterations of ADR pharmacokinetics. We incubated rat liver slices (0.5 mm) in Krebs Ringer-phosphate-bicarbonate buffer under 95% O₂-5% CO₂ at 37, 39, 41, and 43°C with ADR, 7.8 μM . Triplicate samples were obtained at specified times for up to 90 min. Total anthracycline content was determined by fluorescence of acidified 2-propanol extracts. Metabolites were quantitated by thin-layer chromatography of chloroform-2-propanol (1:1) extractions of reaction mixtures. Accumulation of ADR was rapid during the first 30 min., by 90 min., 50-75% of added drug appeared in slices at all temperatures. Although the rate of appearance of a polar conjugated metabolite was reduced at

higher temperatures, total conjugate content of slices by 45 min was the same at all temperatures. We conclude: 1) HT does not affect uptake of ADR by liver slices, and 2) HT affects the rate but not the extent of ADR metabolism by rat liver slices. These results do not rule out 1) whole organ metabolism and excretion of the drug, 2) minor metabolic changes due to some whole-body effect of HT. Investigation of the kinetics of ADR metabolism at elevated temperatures utilizing subcellular hepatic fractions under similar experimental conditions are in progress.

Activation of Macrophages by Normal Spleen Cells

Michael Sylva (MSI), Phyllis Kind, Ph.D., George

Hodges, and Kun-Yang Huang, M.D., Ph.D.,

Department of Microbiology, The George Washington University Medical Center

Recently Ito et al. reported the presence of natural interferon-producing cells in the spleens of C57BL/6 mice. It is well known that interferon type 1 can stimulate the phagocytic activity of macrophages. Experiments were designed to test the ability of normal spleen cells to stimulate the phagocytic activity of normal, syngeneic, peritoneal macrophages *in vitro*. Normal peritoneal macrophages were cultivated in the presence of normal spleen cells for three days. After removal of nonadherent cells, the remaining adherent cells were tested for phagocytic activity by counting the number of cells that engulfed colloidal carbon. The phagocytic activity of peritoneal macrophages incubated in the presence of 10⁶ spleen cells was 3- to 4-fold higher than the phagocytic activity observed in control peritoneal macrophages. This activity was dependent on the dose of spleen cells added to the adherent peritoneal cells. The normal cells responsible for macrophage activation were nonadherent, Thy-1+ cells. Anti-interferon (Type 1) added at the beginning of the culture did not inhibit activation of the peritoneal macrophages. Moreover, supernatant fluids from cultures of spleen cells or spleen cells and peritoneal cells did not activate normal macrophages. These results suggest that macrophage function is augmented by the presence of normal resting T-cells.

A Transplantable Canine Glioma Model for Use in Experimental Neural-Oncology

Eric W. Scott (MSII), Michael Saleman, R.

Schepp, H. Knipp, R. Broadwell, Division of

Neurosurgery, University of Maryland School of Medicine

The need for a large animal tumor model in experimental neuro oncology led us to re-evaluate and to modify the transplantable canine glioma model of Wodinsky and Walker. Successive passages of the original tumor were made in pure-bred beagles, from beagle to mongrel and among mongrel strains until intracerebral injection of 0.1 cc on days 1-3 of life produced a 93% incidence of tumor take. The mean survival was 13.5 ± 1.9 days after injection (range 10-19 days) in ten litters. The tumor was invariably fatal and possessed many of the histological characteristics of human glioblastoma (i.e., endothelial hyperplasia, pseudopalisading, frequent mitotic figures and multinucleated giant cells). The animals were large enough to be scanned on the Pfizer 450 and the tumors visualized *in vivo* as typical "ring" lesions following contrast injection. Intravital staining with Evans blue outlined the areas of contrast enhancement observed in the same tumors by CT. The apparent defect in the blood-brain barrier could be explained in part by the absence of endothelial tight junctions on electron microscopy. The transplantable canine glioma model has many advantages including low cost, reproducible morphology, and safety for the investigator. The large size of the animal preparation facilitates complex surgical instrumentation and radiographic study, as well as repeated sampling of CSF and other fluids.

The Pathology of Radiation-Induced Cardiac Changes in Patients with Hodgkin's Disease

Ben Tacheron (MSII), Wolfgang J. Mergner, M.D.,

Ph.D., John C. Sutherland, M.D., Mark Applefeld,

M.D., Department of Pathology, University of Maryland School of Medicine

Controversy exists as to the existence or extent of radiation-induced damage to the heart, especially the pericardium and coronary vessels, in patients with Hodgkin's disease who have received

ed mantle field radiation therapy Slides from 30 autopsies and a surgical specimen were reviewed for histologic evidence of damage to pericardium, myocardium, epicardial vessels, intramyocardial vessels and endocardium A quantitative morphometric assessment was performed using the Zeiss Videoplan to assess possible reduction in cross sectional lumen size of coronary arteries at fixed intervals from their originals Qualitative assessment included the evaluation of slides for fibrous and fibrinous pericarditis, myocardial fibrosis, single myocardial cell degenerative changes including myocardial ballooning and sclerosis, intramyocardial vessel changes such as sclerosis, fibrosis, occlusion or bizarre configuration and endocardial fibrosis A review of the above cases, representing a cross-section of patients with end-stage Hodgkin's disease, ages 22-72, demonstrates that the above changes are seen inconsistently in these patients, with the exception of interstitial myocardial fibrosis and intramyocardial vessel changes Evaluation of coronary arteries in these cases is not yet complete and presently involved comparison with six Baltimore Cancer Research Project non-irradiated patient cases to serve as controls It is concluded that radiation-induced changes are detectable in pathologic examination of the heart and that myocardial and vascular changes are a significant hallmark of this type of injury

Glucose Utilization of Cerebral Gliomas Measured by (18F) Fluorodeoxyglucose and Positron Emission Tomography

Christopher M. O'Connor (MSIII), Gerald S. Johnston, Giovanni DiChiro*, Robert DeLaPaz*, Rodney A. Brooks*, et al, Division of Nuclear Medicine, University of Maryland School of Medicine and *Neuroradiology & Computed Tomography Section, National Institutes of Health, Bethesda, Maryland 20205

Positron emission tomography was used to measure local cerebral glucose utilization by the 20(18F) fluoro-2-deoxy-D-glucose technique in 23 cases of verified or suspected primary cerebral tumors The basis for this technique is the autoradiographic model for the measurement of glucose uptake using C-14-deoxyglucose in which the rate of uptake is proportional to the amount of trapped isotope¹ All ten pathologically verified cases (14 scans) of highgrade (III and IV) astrocytomas demonstrated a region of relatively high activity in the PET image with an average glucose consumption of $8.3 \pm 3.8 \text{ mg}/100\text{g}/\text{min}$ in the peak area of the tumor On the other hand, in eleven of the thirteen cases of verified or suspected low-grade gliomas (I and II), no identifiable "hot" spot associated with the tumor was found, the average tumor rate for these 13 cases was $4.0 \pm 1.8 \text{ mg}/100\text{g}/\text{min}$ These data indicate a clear positive correlation between glycolysis and the degree of malignancy in primary cerebral tumors

¹ Sokoloff L, Reivich M, Kennedy C, et al The (C-14) deoxyglucose method for the measurement of local cerebral utilization Theory, procedure and normal values in the conscious and anesthetized albino rat J Neurochem, 28:897-916, 1977

Interaction of Glyceraldehyde 3-Phosphate Dehydrogenase with Human Platelet Plasma Membranes

Matthew Wachsman (MSI), M.E. Kirtley, and J. Watkins, Department of Biological Chemistry, University of Maryland School of Medicine

The purpose of the project was to isolate platelet membrane using the methods of Kinoshita et al [J Cell Biol 82, 688 (1979)] and to study the interaction of glyceraldehyde 3-phosphate dehydrogenase (GPDH) with the membrane Polylysine was bound to Biorad beads by treatment with carbodimide Platelets adhered to the polylysinated beads and sonication left the beads covered by membrane with the cytosolic surface exposed to the solution

Binding characteristics of the membrane for GPDH were studied by adding GPDH to membranes immobilized on beads Excess was washed off Bound enzyme was detected by elution from membrane with high salt and spectrophotometrically monitoring reduction of NAD⁺ catalyzed by eluted GPDH Various reagents (phosphoglyceraldehyde, NAD⁺, HADH, EDTA, and citrate) were added to immobilized membrane with bound enzyme to see which caused the enzyme to be released into the supernatant

We found plasma membranes isolated from human platelets bound GPDH reversibly and with saturation Unlike the erythrocyte membrane interaction with the enzyme, binding to the cytosolic surface of the platelet membrane is not altered significantly by NAD⁺ or HADH The enzyme's substrate PGAL does not affect binding, but EDTA and citrate released enzyme from the platelet plasma membrane

Several important enzymes are ambiguous (can reversibly bind the plasma membrane) Many have altered properties when bound Possibly, binding may effect membrane changes Due to the many important changes in membrane characteristics, platelet systems may demonstrate a physiological role for ambiguous enzymes

Relating the Priming and Anti-Viral Activities of Interferon.

Matthew Wachsman (MSI), E. Blalock,

Department of Microbiology, University of Texas Medical Branch, Galveston, Texas

The purpose of this study was to investigate a relation between the ability of small quantities of interferon to enhance its own production in virus infected cells (priming) and its ability to lower virus yield from infected cells (anti-viral activity) We used the discovery of Blalock and Baron (Nature, London 269, 422-425 (1977)) that cells exposed to homologous interferon (from the same species as the cell) could transfer interferon induced anti-viral activity to cells of another species when the cells were co-cultivated That the anti-viral and priming properties of interferon are otherwise species specific was replicated in this study and is generally agreed upon We used a strain of HeLa cells which can be induced to produce interferon by polio or encephalomyocarditis virus (EMC) only when primed with homologous interferon We co-cultivated these cells with a strain of mouse L cells shown sensitive to priming and anti-viral effects

It was shown that anti-viral activities, but not priming, could be transferred to the HeLa cells by the addition of mouse fibroblast interferon and then only in the presence of mouse cells This was demonstrated by a significant lowering of virus yield (over a hundred fold) without detectable production of human interferon when the co-cultivars were infected with EMC or poliovirus

Until this experiment it was tacitly assumed that priming was a by-product of interferon's prophylactic effects on host cells However, the results demonstrate that the property of priming operates separately from the mechanism of viral yield reduction under these conditions

Evaluation of Fetal Well-Being: Fetal Heart Rate Response to Acoustic Stimulation Testing

Paul C. Tseng (MSIV), M. Pupkin, M.D., P.C. Serafini, M.D. and C. Crenshaw, Jr., M.D., Department of Ob/Gyn, University of Maryland School of Medicine

The assessment of damage suffered by the fetus during labor or from deprivation during pregnancy is one of the challenging problems facing modern obstetrics In order to improve accurate methods of assessing the fetus in the antenatal period, and additional biophysical fetal well-being test is undergoing evaluation The test is termed Acoustic Stimulation Test (AST) It gives a qualitative evaluation of the fetal heart response to a 125 db stimulus The pure sound is generated by a simple oscillator amplifier delivered via a 3 1/2 inch tweeter which produces 4 pulses at 1500 cps, lasting one second each, separated by a one second interval A reactive AST is defined as an increase in baseline fetal heart rate greater than 15 beats per minute for longer than a 180 second duration The basis of the AST in determining fetal well-being provides a sensitive method of evaluating the central and peripheral nervous system of the human fetus Presently, the study includes 70 high-risk patients who were evaluated with 113 AST's, 74% of the patients exhibited a reactive NST (Non-Stress Test) while 63% showed a reactive AST Reactive NSTs and reactive ASTs showed good correlation but, more importantly, the combined predictive value of high Apgar scores and good fetal outcome was 89% This is comparable to recent published reports of the combined predictive value NST and OCT (Oxytocin Challenge Test) of high Apgar scores without the known dangers and relative contraindications of an oxytocin challenge The improved sensitivity was again revealed with IUGR (Intrauterine Growth Retardation) babies In 87.5% of IUGR babies a non-reactive AST was shown in late evaluation while NST predicted only 50% Again, the combined predicted value of NST/AST for IUGR was similar to NST/OCT

The Role of the Student in Medical Research

T. Albert Farmer

I feel very privileged to be able to participate in this Student Research Day. It gives me the opportunity to honor all of you who have had the wisdom and the foresight to commit the kind of effort that has resulted in today's presentations.

When I was a practicing internist in a small town, it was clear to me that the time I had been fortunate enough to spend as a research fellow was, in fact, the single most valuable component of my education for the practice of general internal medicine. When I was a professor of medicine, when I was dean of a medical school and even now as Chancellor of a professional schools' campus, I feel no less certain of the value of that research experience to me in carrying out my responsibilities.

Thomas Jefferson stated: "Without health there is no happiness. Attention to health then should take the place of every other object." While everyone has different value systems and while I am obviously biased, having spent my life in the health field, I can certainly echo Mr. Jefferson's statement. For anyone who has been touched personally by the misfortunes of ill health recognizes that good health is the ultimate blessing that can be bestowed upon us.

No one, in my judgement, has stated better the responsibilities and the opportunities of being a physician than did Robert Lewis Stevenson more than 90 years ago when he stated:

There are men and classes of men that stand above the common head, the soldier, the sailor and the shepherd not infrequently; the artist rarely; rarer still the clergymen; the physician almost as a rule. He is the flower (such as it is) of our civilization, and when that stage of man is done with and only to be marveled at in history, he will be thought to have shared as little as any in the defects of the period, and most notably exhibited the virtues of the race. Generosity he has, such as is possible to those who practice an art, never to those who drive a trade. Discretion, tested by a hundred secrets; tact, tried in a thousand embarrassments, and what are most important, Herculean cheerfulness and courage. So that he brings air and cheer into the sick room,

and often enough, though not so often as he wishes, brings healing.

What is at the heart of being a good physician? In my judgement, it is compassion and competence and it is my further view that this Student Research Day is at the heart of what competence is all about.

I think we would all agree that the human brain is a very effective thinking organ but a poor memory one. As the mass of information in human biology continues to expand, it becomes increasingly evident that no one can reasonably hope to master, much less retain, both breadth and depth in all the knowledge of medicine. As a result of this dilemma, one of the basic issues that has to be continually faced is the question of how much breadth or depth must be sacrificed in order to preserve the other. I believe that a little less attention to filling your mind and a little more to developing it is an appropriate way to insure continued competence. One of my former teachers, Dr. Louis G. Welt, once stated that "the preconditioning of the student to approach the study of the basic sciences solely in the context of current application is to provide an education that permits the atrophy of an imagination; and without that imagination, it is less and less likely that, as the student proceeds from the basic sciences to the bedside, he will ever recognize the exciting questions that the skilled physician could raise from data that perplex him while viewing and experiment of nature." This principle will apply to you throughout your lifetime. You must grow with every experience, thereby putting yourself in a position to gain more from the next experience. We often assume that we are adequately participating in learning by asking questions of others. We really participate when we begin asking questions of ourselves. As Claude Bernard once stated: "It is what we think we know that prevents us from learning."

To quote John Ruskin: "The highest reward for man's toil is not what he gets by it, but what he becomes by it." Your toil will have a long lasting effect because you have become acquainted with the scientific method of establishing truth. The value of such patterns of critical thinking will certainly outlast compulsory memorization of any facts. There is certainly nothing new in this concept. In fact, it was Plato who said, "Knowledge acquired under compulsion has

no hold over the mind." It is unfortunate that our educational system has implied by its present emphasis that we do not believe this. I do not mean to de-emphasize knowledge of facts for you must have them, but I do feel that the process of critical thinking and problem solving is at the heart of your continued competence.

In medicine, there is great need for clinical scholars who will continually learn from their patients. Scientists in other areas have long realized the futility of encyclopedic learning and have tried to provide a broad view of science with a great deal of depth through experience in research.

Whether in the laboratory or in the practice of medicine research starts from the same point, namely a problem. For the physician, the problem may be a patient who is simply "feeling poorly." The patient with his inheritance interacting with his environment provides the experimental design. Examinations, historical and laboratory findings are the major sources of data. With analysis and interpretation of those data in light of his own experience and the experience of others, the physician seeks to understand the problem so that he might alter the course of nature's experiment in a way beneficial to the patient. The physician's problem is unique with his obligation to his patient requiring that he be ever-mindful of the patient's welfare above all else. In any research effort, the formulation of an hypothesis, design of an experiment and the collection and interpretation of data teaches one to question, to scrutinize carefully and, above all, to think.

Dr. DeWitt Stetten has commented on the students' education that "The sharpening of his observational, analytical and contemplative faculties, resulting from his research experiences will serve him throughout his life." When a student has faced his research problem, he has realized the problems in collecting and interpreting data; and hence he is more inclined to critically evaluate his own experiments, the experiments of others and his own approach to patient care.

To think is to compare things with one another, to notice where they agree and where they differ and classify them according to their agreements and differences. Renee Descartes said, "I think, therefore, I am." His principles are still valid. They are basically: (1) evidence: do not accept anything as true until you recognize that it is in-

deed true; (2) analysis: divide up problems into many parts and solve them one by one; (3) synthesis: put things together, thus mounting in stages to the most complex knowledge; and (4) control: make your survey so wide as to insure that nothing is omitted. Your research experiences will help you toward an open-mindedness that will help you to take as little as possible for granted, and to be continually opposed to dogmatism, rejecting the ready-made opinions of others in favor of the development of your own thoughts. In essence, you have improved your abilities toward critical thinking—that is, the power to absorb observations, make analyses and reach decisions.

As Oscar Wilde once said, "A cynic is a man who knows the price of everything and the value of nothing." I believe that your research experiences will have a great impact on your abilities to assign proper values. Your efforts have further demonstrated to each of you the value of cultivating your own abilities. James Lane Allen once said, "A man's mind may be likened to a garden which may be intelligently cultivated or neglected. It must, and will, bring forth. If no useful seeds are put into it, then an abundance of useless weed seeds will fall therein; and will continue to produce their kind."

Each of you by your very presence here today is a winner. You have learned the value of critical thinking and the value of the scientific method in approaching truth.

You now have the opportunity to go forth with your lives by applying what you have learned to the opportunities and the responsibilities that await you.

To quote Ralph Waldo Emerson: "There is a time in every man's education when he arrives at the conviction that he must take himself for better or worse as his portion: that though the wise universe is full of good, no kernel of nourishing corn can come to him but through his toil bestowed upon that part of ground which is given him to till."

I hope that each of you will continue to bestow your toil on whatever ground you choose with the recognition that the patient is the reason for medicine; that medicine is the reason for medical education; and that while you are fortunate to have had the wisdom and the diligence to commit yourselves to these endeavors, your greatest ultimate reward will be your impact on the quality of life for your fellow citizens.



President's Message

Bernard S. Karpers, Jr., M.D.

As the 1981-82 fiscal year of the Alumni Association draws to a close, I would like to bring you up to date on some of the activities and progress observed over the year.

According to available statistics, graduates of the School of Medicine of the University of Maryland have the highest number of active dues-paying members in the country; currently 50%. With the continuing increase in membership (180 this year) additional revenue has been generated enabling us to show greater interest in student activities and expand those of the alumni.

For instance, the third Wine & Cheese party held in February for the freshman and sophomore classes was extremely well attended—152 students and 32 faculty members. The purpose of this annual get-together is to recognize not only the freshman and sophomore students, but the volunteer faculty members who have so much influence on their education. The junior students have been entertained for a number of years at an oyster roast in the fall and, of course, the graduating class is invited to the annual banquet.

These additional funds will also help attain one of the long-range goals of the Association, increased participation at regional medical meetings. At this writing, plans are underway for a reception to be held in conjunction with the annual meeting of the American College of Physicians in Philadelphia. We hope all A.C.P. participants will join us, as well as our Pennsylvania alumni (which, incidentally, number 225).

In setting up next year's budget, funds were allocated for several regional meetings, as well as our return to the Southern Medical Association meeting to be held in Atlanta next October. But, in order to balance our 1982-83

budget, we need 10% more members to become active so that current dues will not have to be increased. If you are not an active member, we hope you will give this your consideration so your Association can continue to provide its services to the School, the students and our alumni.

As to fundraising, total results for this fiscal year appear to be about 20% over last year. The Phonothon got us off to a terrific start and, with follow-up mailings, we should attain our goal of \$325,000. In comparing this figure with several of the 16 image-rated public medical schools (including Michigan and Wisconsin), the only school ahead of us in alumni giving is the University of Virginia. We have topped Johns Hopkins for several years and all of you should take pride in the exemplary support displayed by our graduates.

By this time, your copy of the "Reunion Times" announcement and reservation forms should have been received. In reviewing this, you will note that the program is reversed this year; that is, the festivities will begin on Wednesday, May 26 with the reception and banquet to be held at the new Hyatt Regency Hotel, which is fast becoming an outstanding facility in Baltimore's newly redecorated and restored Harborplace. Guests of honor will be the Class of 1932 and 179 members of the Class of 1982 who will be welcomed into the Association.

The big event on Thursday, May 27, will be the dedication of the completed restoration of Davidge Hall, following the business meeting. Maryland Senator Rosalie Abrams (who was instrumental in securing a sizable grant for the restoration) has accepted honorary chairmanship and Dr. George H. Yeager, responsible for seeing the restoration to fruition, is heading up the committee for the dedication. The reunion will conclude with a

gala cocktail reception that evening. Mark your calendars for these dates and plan to attend all these outstanding events.

Following discussion at various levels, it was decided to revamp the Editorial Board of the BULLETIN. After appointment of new members and re-appointment of others, the Board will be charged with developing a new format in order to facilitate communication in transmitting news of alumni events. The new board members will be responsible not only for reviewing, but gathering material. It is anticipated that the BULLETIN will take on a new image but continue as a viable source of news by, and for, our alumni. I would, at this time, like to extend our appreciation to Dr. Merrill J. Snyder, who has held the position of editor for the past 3½ years. We all greatly appreciate the service and time he has given our organization.

Dr. Benjamin M. Stein, '35, who has served

as President-elect, will step up to the office of President at the end of May. Dr. Stein has devoted many years to the Association, financially and physically, and we are indeed grateful for this further display of loyalty. I know all of you will give him the same support you have given me.

This being my last message as your President, I want to thank the officers and members of the Board of Directors, as well as the Phonothon volunteers and committee members who have worked so hard for the success of our organization this year. I shall not forget the enthusiasm and interest, along with the self-sacrificing efforts put forth by these alumni. Last but not least, let me thank you for allowing me to share this year with you in the capacity as President.

I look forward to seeing all of you at the reunion; especially my 1962 classmates.

CLASS ACTIVITIES

The Class Captains have been busy planning class parties—most by reservation only!

1932	John M. Dumler Samuel Legum (301) 528-7475	Special Dean's Reception on Thursday, May 27, at 6:00 p.m., 14th floor Howard Hall Tower followed by dinner at the Engineering Society of Baltimore
1937	James Frenkil (301) 752-3010	Dinner in the Terrace Room of The Belvedere, May 27 at 8:00 p.m.
1942	Theodore Kardash (301) 433-0907	Cocktails at the Hyatt Regency, May 26, 5-7:00 p.m. (check at the Desk for location of private room).
1947	Joseph Shear (301) 764-7111	Crab and Seafood Extravaganza, May 27, 3-6:00 p.m. (location to be announced).
1952	Morton M. Krieger (301) 789-7100	Dinner at Caesar's Den in Little Italy, May 27—plans are to meet in Davidge Hall at 6:30 p.m.
1957	George A. Lentz, Jr. (301) 528-2214	Class dinner on May 27, location to be announced
1962	Stanley A. Klatsky (301) 484-0400	Dinner at the Eager House, May 27, 7:30 p.m.
1967	Joseph Orlando (301) 828-6600	Dinner at the Pimlico Hotel, May 27, 8:30 p.m.
1972	Barry Wolk (301) 781-1111	Crab Feast at Bo Brooks Crab House, May 27, 7:30 p.m.
1977	Alan S. Davis (301) 484-2960	Dinner at the Engineering Society of Baltimore, May 29, 7:00 p.m. until midnight
		Cocktail Party, Davidge Hall, May 27, 6-9:00 p.m.

INTRODUCING . . .

During the past year many new appointments have been made to posts of responsibility at the School of Medicine. Not since the early days of Dean William Stone's tenure has the school seen as much change in key positions. These new leaders, mainly in the clinical departments, have come on the heels of the new appointments in preclinical areas: Edson Albuquerque in Pharmacology, Mordecai Blaustein in Physiology, Adil Shamoo in Biochemistry.

Those whose arrival on campus is relatively recent include Thomas Farmer, Chancellor; Marjorie Wilson, Senior Associate Dean; Marion Crenshaw, Obstetrics-Gynecology; Kenneth Johnson, Neurology; David Lang, Pediatrics and Omar Salazar, Radiation Therapy. In addition Joseph McLaughlin, a long standing, well known member of our faculty and attending staff, has been elevated to Head of the Department of Surgery. Only the search for Head of Medicine still goes on. In the meantime Frank Calia has been given the responsibilities for Medicine as Acting Head.

These appointments have only been made after lengthy and comprehensive searches by our peers whose discernments are verified by the caliber of the newcomers. The Bulletin hopes that these abridged biographies will serve to both formally and informally introduce and welcome them and those new additions that have added to their staffs. We wish them success in their quest towards excellence.

Merrill J. Snyder
Editor

Marjorie Wilson Named Senior Associate Dean



Dean John M. Dennis is pleased to announce the appointment of Marjorie P. Wilson, who brings with her a distinguished career in government service, special talent for designing and developing new programs and great success at garnering support to initiate her projects.

After attending Bryn Mawr College, Dr. Wilson received her M.D. degree from the University of Pittsburgh School of Medicine. She served an internship at the University of Pittsburgh Medical Center Hospitals and residencies at Children's Hospital, University of Pittsburgh and Jackson Memorial Hospital, University of Miami School of Medicine.

Her first government post was with the Research and Education Service of the Veterans Administration where she is still remembered as the initiator of the V. A. Clinical Scholars program. A period with the National Institute of Health, in program development and evaluation, was followed by appointment as director of the Department of Institutional Development, Association of American Medical Colleges.

Dr. Wilson has conducted a number of funded research efforts and is the author of technical publications in the field of medicine, as well as articles on academic and medical center administration.

Recent elections include a fellowship in the American Association for the Advancement of Science and member-at-large in the National Board of Medical Examiners.

On a personal note, Doctor Wilson and her husband, M. Lynn M. Wilson, who is in the field of engineering, reside nearby in Bethesda, Maryland. Their son, Lynn, is in the second year at Denison University, Granville, Ohio, while their daughter, Lisa is a junior at Sidwell Friends School in Washington, D.C.

Marion Carlyle Crenshaw Heads Obstetrics/Gynecology



Now in his second year as Head of the Department of Obstetrics and Gynecology, Dr. Crenshaw, in his dynamic manner, has brought about in this brief period major improvements in the programs of the department. A graduate of Davidson College, he obtained his early medical training, both undergraduate and postdoctorate at Duke. After 10 years in Durham, Dr. Crenshaw left to serve the U.S. Air Force in Texas and, upon discharge, he became a research fellow at Yale working in the physiologic laboratories of Dr. Donald Barron. Here his studies in animals, of the basic physiology of pregnancy and fetal life, began and were transferred back to Duke on his return as a Macy Faculty Fellow in 1966.

The years at Duke from then until his coming to Maryland were marked by exceptional research productivity and rapid promotion. Joint professorial appointments in the Departments of Physiology and of Pediatrics attest to his broad interests and expertise. He is a diplomate of both the Board of Obstetrics and Gynecology and the Board of Maternal and Fetal Medicine.

Honors, memberships in distinguished societies and named lectureships have recognized his contributions to understanding

the physiology, both normal and abnormal, in the pregnancies of experimental animals and women. His major research interest still lies in studying the consequences and mechanisms of physiologic derangements, mainly diabetes, in pregnancy.

Accompanying Dr. Crenshaw to Baltimore and to our faculty is his wife, Dr. Lillian Blackmon, now associate professor of pediatrics, whose specialty is neonatology. This is their first exposure to Baltimore; they love the city but wish they had more time to explore it. Their 4 children are all grown. The eldest, Carl, is in real estate in Durham. Bill, graduated from the Naval Academy last year, is destined for a career in the Marine Corps. Hugh graduated from his father's alma mater, Davidson College, and is now at the Australian Institute of Marine Biology in Queensland. Their daughter, Faith, is still a student at the University of Georgia. Dr. Crenshaw likes hunting dove and geese and both salt and fresh water fishing. He gave up golf because "he was never good at it."

The Crenshaws were codirectors of perinatal medicine at Duke and hope to develop a division of perinatal medicine here at Maryland. At the moment, their only collaboration is the care Dr. Blackmon gives to some of the offspring of Dr. Crenshaw's obstetrical patients. The unanimous enthusiasm expressed by Dr. Crenshaw's faculty for his leadership and the progress already made are ample reason to wish him a long productive career and continued vigor at our school and hospital.

Joseph McLaughlin Chairman in Surgery

Dean John M. Dennis has announced the appointment of Joseph S. McLaughlin '56 as chairman in the Department of Surgery. Dr. McLaughlin served as acting chairman of the department after the resignation of Dr. G. Robert Mason.

Said Dr. Dennis, "Dr. McLaughlin is an outstanding surgeon, held in high esteem both personally and professionally. His leadership and organizational ability has been obvious during the period of his acting chairmanship. We are delighted with the appointment of Dr. McLaughlin as chairman of surgery and look forward to an outstanding department of surgery under his direction."



Omar Salazar Chairs Radiation Medicine

This jovial gentleman arrived in August from the University of Rochester, where he had been on the faculty for 8 years, to take over the chair in radiation medicine. A recognized authority in the use of systemic radiation, Dr. Salazar was born in Cuba and brought to the United States by his parents just as Castro was taking over his birthplace. After learning English, he matriculated at Georgetown University finishing his premedical training in 1965. He then went to the University of Puerto Rico for his undergraduate studies in medicine and for his immediate postdoctorate training in radiology and radiotherapy. In 1973 he received further training in radiation biology from the University of Rochester where he remained for 8 years and rapidly progressed in responsibility and rank to associate professor.

Dr. Salazar is a member of many committees setting policy and goals for radiation therapy research and education. His efforts and associations with Latin American organizations fostering the advancement of his colleagues in the Western Hemisphere are noteworthy and have been internationally recognized. His interests, reflected in numerous publications and presentations, are systemic therapeutic radiation, i.e., radiation of half or more of the body, and the combined chemotherapy and radiation therapy especially therapy employing the new radiation sensitizers, the latter in collaboration with Dr.

Following government service as staff surgeon and chief of experimental laboratories at the National Heart Institute, National Institutes of Health, Dr. McLaughlin joined the medical school faculty in 1965 as assistant professor of surgery and clinical director of the Shock Trauma Unit. In 1968 he served for one year as director of cardiovascular service before taking leave to become an associate in the Department of Surgical Science at the University of Edinburgh, Scotland. Upon returning to the University he was appointed associate professor and head in the Division of Thoracic and Cardiovascular Surgery and was made a full professor in 1972.

A John and Mary R. Markle Scholar, Dr. McLaughlin was elected to Alpha Omega Alpha and in 1959-1960 was American Cancer Society Fellow in surgery at Yale Medical School, New Haven, Connecticut.

Born in Baltimore, Dr. McLaughlin received his early education in the city public schools and a Bachelor of Science degree from Loyola College. Graduating from the School of Medicine in 1956, he continued his training in the Department of Surgery until 1963.

Dr. McLaughlin and his wife, Irene, who is in the field of education, are the proud parents of four sons: Jack is graduating from the University of Maryland Baltimore County and will be entering law school in the fall; Jeffrey is following in his father's footsteps and will enter the School of Medicine; Joe is a student at the University of Arizona and Shaun, 16, is finishing high school.



Peter Wiernik, University of Maryland Cancer Center.

He and his wife, Maggie, also a Cuban by birth, live happily in Homeland with their two Belgian sheep dogs. One of their dogs, which they eventually intend to mate, was originally bred in Baltimore and shipped to them in Rochester.

We hope Baltimore provides a more pleasant climate for Maggie, who, in the three years of their marriage, has not forgiven her husband for taking her out of Miami for the chill of Rochester.

In his short time at Maryland, Dr. Salazar has doubled the staff and brought physicists and biologists into the department to augment the basic aspects of his research program. To better represent the goals of the department, he hopes to rename it, Department of Radiation Oncology.



Morton I. Rapoport '60 Vice Chancellor UMMS

Dr. Morton I. Rapoport '60 has been named vice chancellor for the University of Maryland Medical System (UMMS) by Chancellor T. Albert Farmer.

The UMMS is a new approach to structuring the delivery of medical care. It is the result of a six-month self-study by professionals, administrators and planners and embraces many of the principles other health care centers are incorporating in planning for the future. The new organization that Dr. Rapoport will head encompasses the University of Maryland Hospital, the Shock Trauma Center of the Maryland Institute for Emergency Medical Services System, the University's Cancer Center as well as existing clinical centers. By extending the range of professional services, it is designed to meet the specialized needs of Maryland and the surrounding region, as well as to provide comprehensive care to the immediate Baltimore community and other specifically defined groups.

The new organization integrates the three traditional functions of an academic center—teaching, research and patient care—while defining the direction of each. It will result in cost effective patient care and will provide a network of services among the individual hospitals and regional medical centers affiliated with UMMS.

In his role as vice chancellor, Dr. Rapoport will direct the day-to-day operation of in and out-patient facilities and be responsible for developing centers of medical excellence within the UMMS organization.

Dr. Rapoport is a graduate of the University of Maryland School of Medicine where he was elected to Alpha Omega Alpha. He has held positions at the Walter Reed Medical Center and was chief of medical services at the Veterans Administration Hospital in Baltimore. Since 1967 he has been associated with the University of Maryland, holding various administrative posts, including senior associate dean of the School of Medicine from 1976 to 1980. He is professor of medicine and of clinical pharmacy.

Davidge Hall Rededication

May 27th, 11:00 A.M.

On May 27, 1982, between the hours of 11:00 A.M. and noon, a special event will take place in Chemical Hall. At that time, the Medical Alumni will rededicate Davidge Hall as a restored teaching facility and lecture hall that will contain a museum, indicative of the period when the building was constructed in 1812.

This rededication ceremony marks the culmination of years of effort by the Alumni Association and epitomizes its generous support as well as gratitude to its alma mater.

We anticipate that official state dignitaries will attend and that alumni returning for their reunion will fill Chemical Hall to overflowing.

MEDICAL ALUMNI ASSOCIATION OF THE
UNIVERSITY OF MARYLAND, INC.

JEAN D. GORAL
EXECUTIVE DIRECTOR

(301) 528-7454

Dear Members,

You are better than alumni of the University of Maryland School of Medicine. You are its best friends.

In the past four years, as Executive Director of your association, I have watched the dramatic increase in your support of the School of Medicine, in time and donations.

You have encouraged our students and our faculty through your positive attitude toward the School—I can feel it. And I can count the support demonstrated by your dollars. When compared with the leading public medical schools, we do very well and the initiative of the Medical Alumni Association has received University-wide accolades. Let me share these giving comparisons with you:

	1977-78	1978-79	1979-80	1980-81	1981-82*
Totals (fiscal Year)	91,264	116,417	209,775	253,155	325,000
No. of donors	873	1,037	1,511	1,591	1,700
Membership of J.B.D.A.	—	19	41	84	175

*Projected

To accomplish this, Dean John M. Dennis has become an active partner in our fund-raising effort. For FY '82 he's written a series of personal letters to wrap up the annual giving campaign. He asked members of his Class of 1945 to join him in the Davidge Alliance. He has asked alumni who have contributed generously in the past two years to join the Davidge Alliance. And he wrote existing Davidge Alliance members to ask them to recommend other alumni for John Beale Davidge Alliance membership.

If Davidge Alliance membership reaches 175 by the end of the 175th anniversary year, December 31, 1982, it will be a tribute to this special effort by Dean Dennis.

In addition, an April message from Dean Dennis to those who haven't contributed this year will encourage them to at least make a \$175 gift in honor of the anniversary.

Since more and more alumni want to know how to provide for the School of Medicine in their estate plans, now we're prepared to help. Please look at the *testamentary commitment survey which appears on the opposite page*. Respond with the survey form and we'll work hard to make sure your bequest provision does what you want it to do.

I hope that all of you alumni friends of the School of Medicine will return to campus in May for the Annual Reunion. It's very special this year because it coincides with the 175th anniversary of the School's founding.

Best regards,





SCHOOL OF MEDICINE
UNIVERSITY OF MARYLAND AT BALTIMORE
MEDICAL ALUMNI ASSOCIATION
OF THE UNIVERSITY OF MARYLAND

TESTAMENTARY COMMITMENT SURVEY

Medical Alumni Association
University of Maryland at Baltimore
Davidge Hall
Baltimore, Maryland 21201

I'm pleased to respond to the survey as indicated below.

REQUEST FOR COUNSEL ____

I want to provide for the School of Medicine in my estate planning and would like to be contacted by the School's representative to insure the effectiveness of my deferred gift when it becomes available.

ANNOUNCEMENT OF COMMITMENT ____

I have made provision for the School of Medicine in my estate planning as follows:

	Estimated amount
a. Outright bequest in my will	\$ _____ a.
b. Provision in the will of the survivor	\$ _____ b.
c. Life insurance policy	\$ _____ c.
d. Trust under my will with the School of Medicine the final beneficiary	\$ _____ d.
e. Other, please describe	\$ _____ e.

Total \$ _____

Attachments or letters which further describe the nature of the above provision(s) are welcomed. Also that section of your Will, Trust Agreement or other document pertaining to your provision(s) would be appreciated.

In the event of unforeseen circumstances which require any further change in the above estate planning provision(s), I will notify the School of such change.

(DATE)

(SIGNATURE)

Please
print
or
type

Name: _____

Home Address: _____

Phone: _____

SPECIAL NOTICE: John Beale Davidge Alliance membership can be obtained through testamentary commitment. A planned gift of no less than \$15,000 plus an outright gift of \$5,000 (\$1,000 annually for five succeeding years) or a planned gift of \$30,000 or more will satisfy the contribution requirement for Davidge Alliance membership.

CERTIFICATE OF RECOGNITION RECIPIENTS

CLASS OF 1932

Mortimer D. Abrashkin	Jacob Harris	Marion B. Roberts
Leon Ashman	Hyman B. Hendlar	Jack Zeth Rohm
C. Ray Bell, Jr.	Harry C. Hull	Stephen I. Rosenthal
Nathan Bercovitz	Meyer W. Jacobson	Robert L. Sanchez
Herbert Berger	Abraham N. Kaplan	Thomas S. Saunders
David S. Clayman	Abraham Katz	John E. Savage
Carroll K. Davis	Lawrence Katzenstein	David I. Schwartz
I. George Diamond	Sylvan Keiser	Sidney L. Siegel
John C. Dumler	Hennette E. Klein	George Silverton
Elliot Fishbein	Samuel Legum	John F. Simmons
Samuel Geller	Harry D. Markman	Aaron C. Solod
David A. Gershenson	W. Owen McMillan	Arthur J. Statman
Solomon E. Gittleman	Myron J. Miller	Charles Stein
Albert Julius Glass	John Duer Moores	Frank R. Stephenson
Joseph E. Hall	Richard R. Panebianco	Francis N. Taylor
David Halperin	Arthur Jay Philip	T. H. Tomlinson, Jr.
Frank M. Hammell	Solomon Pink	Carl A. Wirts
Irvin Hantman	Samuel E. Proctor	Meyer H. Zuravin

CLASS OF 1957

Stuart J. Abrahams	Allan S. Gerber	Theodore T. Niznik, Jr.
Emil E. Altandilian	Verne E. Gilbert	Francisco E. Oliveras
Charles J. Allen	Loretta A. K. Gilmore	Charles R. Oppeggard
Marvin S. Arons	Anthony F. Hammond, Jr.	Frederick W. Plugge
Bernard N. Bathon	Paul K. Hanashiro	Warren S. Poland
Selina G. Baumgardner	Charles M. Henderson	Jose G. Quinones
James L. Beeby	Harold J. Hettleman	Donald W. Rainigh
Ronald R. Berger	Robert O. Hickman	John J. Raleigh
Virginia F. Blackridge	Richard K. B. Ho	Louis L. Randall
Paul Bormel	W. F. Holdefer	William J. Rapoport
James K. Bouzoukis	Carl Jelenko, III	Richard C. Reba
Herbert E. Brooks	Norman P. Jones	Marion C. Restivo
Donald L. Bucy	E. Louis Kahan	George W. Rever
John T. Bulkeley	William F. Kennedy, Jr.	Lynn B. Robinson
Mary C. Burchell	Leonard L. Kogan	Franklin D. Schwartz
Harvey R. Butt, Jr.	Herbert L. Kronthal	Morton W. Shapiro
Anthony J. Calciano	Donald T. Lansinger	Walter M. Shaw
Ronald R. Cameron	David P. Largey	Leroy Shear
Robert A. Carlin	James P. Laster	Howard S. Siegel
John V. Conway	Joseph C. Laughlin	William A. Simmons
Joseph O. Dean	George A. Lentz, Jr.	Kenneth F. Spence, Jr.
Milton L. Engnoth	Sidney I. Lerner	Maitland G. Spencer
Arthur D. Ericsson	Richard L. Levin	L. Clarke Stout
Marvin A. Feldstein	Peter P. Lynch	James G. Stringham
Vincent J. Fiocco, Jr.	Frank J. Macek, Jr.	Nevins Todd
Mary L. Stang Furth	Fred H. Mehlhop	Michael S. Trupp
Sebastian J. Gallo	Frederick Moonau	Harvey I. Wilner
Nicholas Garcia, III	Paul A. Mullan	Ray A. Wilson
Donald W. Gauthier	Herbert H. Nasdor	Leonard M. Zullo

John M. Dennis, Dean of the School of Medicine, was honored by Loyola College as a distinguished Marylander "who has made notable contributions to his community and has set the highest example in his service to fellow Marylanders." The Father Andrew White Medal was presented to Dean Dennis during ceremonies marking the College's 22nd Annual Maryland Day Observance. In accepting this award, Dean Dennis joins an illustrious list of humanitarians including Senator Charles McC. Mathias, Jr., Dr. Milton Eisenhower, Ogden Nash and Cardinal Shehan.

Dean Dennis established his reputation as an outstanding clinical radiologist, administrator, teacher and investigator before establishing a second career in medicine. After providing leadership in the Department of Radiology for 21 years, he was called upon in 1973 to serve as Acting Dean of the School of Medicine, and in 1974, was appointed Dean and later Vice Chancellor for Health Affairs. He is the first alumnus to serve as Dean in two decades and he has succeeded in bringing the School of Medicine into the front ranks of medical colleges in this country.



Dean Dennis Honored by Loyola College

Dean Dennis has been Visiting Professor at a number of professional schools throughout the country and has given distinguished name lectures including the Third Annual Wendell G. Scott Memorial Lecture at the Edward Mallinckrodt Institute of Radiology in St. Louis, the First Annual Eugene P. Pendergrass Lecture at the University of Pennsylvania School of Medicine, and the Caldwell Lecture of the American Roentgen Ray Society. He served as chairman of the board of chancellors and president of the American College of Radiology, trustee of the American Board of Radiology and the National Board of Medical Examiners and first chairman of the Commission on Medical Discipline of Maryland. In 1980 Dean Dennis was honored by the American College of Radiology and awarded its Gold Medal for his contributions to radiology.

A native of Maryland's Eastern Shore, Dean Dennis resides in Towson with his wife, Mary Helen, a registered nurse. The Dennis' have four children: Terri Passano, a graduate of Hollins College and a travel agent with Travel Arrangements; Lori Raneri, mother of two and former oncology nurse at Johns Hopkins Hospital; Jack, a Jesuit and graduate of Loyola College, is currently a math teacher at Gonzaga College High School in Washington, D.C. and Patrick, a Washington and Lee graduate, is married and employed at Towson State University.

On awarding Dean Dennis the Father Andrew White Medal, the Loyola College acknowledges his contributions to Maryland and to the profession by maintaining a student's standard of excellence not only in a specialty or discipline, but also as a human being.

1920's

Samuel Shipley Glick '25 was named "Pediatrician of the Year" at the winter meeting of the Maryland branch of the American Academy of Pediatrics.

Thomas B. Turner '25 has authored a book *Part of Medicine, Part of Me*, published by Waverly Press, Baltimore. Prominent in the book are reminiscences of Dr. Turner's experiences as a medical student in the immediate post World War I period. Included are many University of Maryland faculty members.

1930's

Joseph G. Zimring '36, in family practice in Long Beach, New York, was honored by the Long Beach Hospital for more than 40 years of outstanding service to the community.

Louis O. J. Manganiello '37 conducts a neurosurgical practice in Augusta, Georgia. His youngest daughter, Victoria, is a second-year medical student at the Medical College of Georgia.

On a recent visit to Budapest, Hungary, **Albert Steiner '37** served on the faculty at a meeting of the International Rhinologic Society and lectured to the World Congress of Otolaryngology. He is head of the Department of Otolaryngology, Head and Neck Surgery at the Maryland General Hospital, Baltimore.

Aram M. Sarajian '38, Bricktown, New Jersey, has "hit the road" again in pursuit of knowledge. Attending the American Academy of Family Physicians Convention last Fall in Las Vegas, he admits to enjoying the scientific exhibits as much as the traditional attractions offered in that city. On to Kauai for the A.A.F.P. Scientific Congress and surfing and helicopter rides. Then to Colorado to enjoy golden aspens, snow-capped mountains and sight-seeing. He looks forward to February and skiing.

1940's

Rocco Louis Sapareto '43D retired to Fort Lauderdale, Florida, where he is now affiliated with the new Oakland Park VA Clinic as Chief of Otolaryngology. Dr. Sapareto was in private practice for 34 years in Athinson, New Hampshire.



Dr. Sones

F. Mason Sones, Jr. '43D was awarded the Medical Times Physician of Excellence Award for 1981 in recognition of his distinguished career in medicine and cardiovascular disease. A former recipient of the Association's Honor Award and Gold Key, Dr. Sones is a pioneer in coronary arteriography, a procedure responsible for great advances in coronary bypass surgery.

1950's

Karl H. Weaver '53, professor in the Department of Pediatrics, is president of the Baltimore City Medical Society. Dr. Weaver served on numerous committees of the Society as well as editor of its newsletter and councilor to the Medical and Chirurgical Faculty of Maryland.

Arthur A. Serpick '59 was the keynote speaker at a recent conference on "The Role of Health Professionals in Community Oncology Programs" cosponsored by Sloan-Kettering Cancer Center and Roche Clinical Laboratories.

He is assistant professor in the Department of Medicine at University of Maryland and head of the Division of Hematology and Oncology at Maryland General Hospital, Baltimore.

1960's

C. Earl Hill '60, vice-chairman of the Department of Family Medicine at University of Maryland, was recently appointed Region III Advisor to the Commission on Continuing Medical Education of the American Academy of Family Physicians.



Dr. Fink

Robert A. Fink '61 a resident of Berkeley, California was appointed to a two-year term on the Police Review Commission. The 9-member commission serves as a civilian review board in setting and evaluating law enforcement policies. Active in civic affairs, Dr. Fink has been involved as instructor in first aid, consultant in ballistics and firearms injury treatment, paramedic training and is a member of the local Disaster Committee.

He is chief of neurosurgery at Herrick Hospital and Health Center and is clinical assistant professor of surgery (neurosurgery) at the University of California School of Medicine in San Francisco. Dr. Fink maintains a private neurological surgery practice in the Berkeley area where he resides with his wife, Doris, and their three daughters.

Harold C. Standiford '64, associate professor in the Department of Medicine, presented "Pharmacokinetic Differences of the Beta-Lactams" at a seminar given by the District of Columbia Society of Hospital Pharmacists.

Hannah Segal Solky '65 recently completed a residency in psychiatry at Strong Memorial Hospital of the University of Rochester School of Medicine where she is currently working as assistant professor of psychiatry and clinical assistant professor of pediatrics.



Dr. Susel

Richard M. Susel '66 has been appointed chief of ophthalmology at St. Agnes Hospital, Baltimore. He is currently chief of corneal service at Maryland General Hospital, co-chairman of the Medical Board of the Medical Eye Bank, Inc. and clinical assistant professor of ophthalmology at University of Maryland.

Ira L. Fetterhoff '67 is in private psychiatric practice in Hagerstown, Maryland, and is court psychiatrist for Washington County district and circuit courts. He is on the active staff at Washington County Hospital, Hagerstown, as well as the hospital's executive committee. He is consultant to the Western Maryland Hospital Center and a member of the Washington County Mental Health Advisory Committee. A member of the American Psychiatric Association, Dr. Fetterhoff is a ninth generation physician.

Charles C. Edwards '68, professor of orthopedics at University of Maryland, has been elected to the Societe Internationale di Chirurgie Orthopedique et de Traumatologie, the world-wide organization for orthopedics. He is one of five orthopedists to be so honored in the last 20 years and the first who is active here.



Dr. Posner

David B. Posner '70 has been elected to Fellowship in the American College of Physicians. In private practice in Baltimore, he is chief of gastroenterology at Mercy Hospital, a consultant to the Veterans Administration and assistant professor in the Department of Medicine at Maryland.

Nelson Hendlar '72 is clinical director of the Mensana Clinic, Stevenson, Maryland. The clinic is a center for the diagnosis and treatment of chronic pain, headaches and neurochemical disorders

He has published his second book, *Diagnosis and Non Surgical Management of Chronic Pain*, Raven Press, 1981, which was reviewed recently by the *New England Journal of Medicine*, *Pain* and *Mayo Clinic Proceedings*.

Thomas F. Krajewski '75 is superintendent of the Springfield Hospital Center, the largest psychiatric hospital in the State of Maryland

FACULTY NEWS

Pathologists at the School of Medicine are helping the National Aquarium in Baltimore investigate fish morbidity and mortality. The results of autopsies performed aid the aquarium veterinarian in the management of fish health

Department of Pathology faculty members involved in the fish diagnostic activities are: W. Douglas Sheffield, V.M.D., Ph.D., assistant professor; Eric May, Ph.D., postdoctoral fellow; Raymond T. Jones, Ph.D., associate professor; Andrew G. Smith, Ph.D., professor of clinical microbiology and director of the microbiology laboratory; Linda Wilmont, B.S., graduate student

According to Dr. Sheffield, the Aquarium in Baltimore is trying to eliminate problems with more scientifically controlled efforts than similar facilities have employed. Dr. Sheffield, who also participated in a diagnostic service for the Baltimore Zoo, hopes the Aquarium program will be a lasting association. "Fish pathology will be a more important area in the future since fish can be used as monitors for environmental pollutants and as models to human disease. They are an exciting group of animals whose pathology has not been studied in detail."

Dr. Michael DeBakey, chancellor of the Baylor University College of Medicine, and a pioneer in treating cardiovascular diseases, delivered the first **George H. Yeager Distinguished Lecture**, "Patterns of Atherosclerosis," on April 3, 1982.

Dr. DeBakey, who was associated with Dr. Yeager early in his career, was the first person to perform successful excision and graft replacement of arterial aneurysms and obstructive lesions, and he is the key figure in the development of an artificial heart.

In 1968, Dr. DeBakey led a team of surgeons in performing a historic multiple transplant procedure, in which the heart, kidneys, and one lung of a donor were each transplanted to four different recipients.

Joseph B. Ganey '45 endowed the lectureship honoring Dr. Yeager, professor emeritus in the Department of Surgery.

Hosting the second annual **Steinberg and Wylie Lecture**, the Department of Biochemistry announced the speaker, Dr. Russell Ross, associate dean for scientific affairs, University of Washington School of

Medicine and the topic, "Atherosclerosis: a Problem of Cellular Interactions." Dr. Ross serves on the board of several publications including the "American Journal of Pathology." Recipient of a Guggenheim Fellowship, he guest lectured at Cambridge University and has written over 150 scientific papers.

This lectureship was established by the late Samuel Steinberg '36 in memory of H. Boyd Wylie, a 1912 graduate of the Baltimore Medical College. Dr. Wylie was professor and chairman of the Department of Biochemistry and dean of the School of Medicine.

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Charles A. Barraclough, Ph.D., professor of physiology, was elected a fellow of the American Association for the Advancement of Science. He was so honored for his contributions to reproductive neuroendocrinology.

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Eugene B. Brody, M.D., professor of psychiatry at the Institute of Psychiatry and Human Behavior, recently participated in the U.S. National Mental Health Association's presentation of a public service award to former Governor Averell Harriman. Dr. Brody is president of the World Federation for Mental Health.

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R. Ben Dawson, M.D., professor of clinical pathology and director of blood transfusion services, lectured at the First Arab Scientific Seminar on Blood Banking and Transfusion held in Baghdad, Iraq.

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Douglas W. Heinrichs, M.D., chief of the outpatient program at the Maryland Psychiatric Research Center and assistant professor in the Department of Psychiatry has received the Promising New Researcher Award from the National Mental Health Association, the second consecutive year the award has gone to a University of Maryland physician. Dr. Heinrichs is recognized for research and outpatient treatment of chronic schizophrenics and the investigation of family variables relevant to schizophrenia.



Dr. Siegel

John H. Siegel, M.D. was appointed deputy director for the Maryland Institute for Emergency Medical Services Systems (MIEMSS), clinical director of the Shock Trauma Center, and professor of surgery. He will be involved in field programs of MIEMSS and clinical and research programs of shock trauma.

Dr. Siegel was former professor of surgery and research professor of biophysical sciences at the State University of New York and chief of surgery at the Buffalo General Hospital.

He received his undergraduate degree from Cornell University and his medical degree from the Johns Hopkins University. Graduate training in surgery followed at Yale University, National Heart Institute and the University of Michigan where he was chief resident.

He is currently investigating metabolic and physiologic responses to sepsis as they relate to the development of the multiple organ failure syndrome.

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Martha McLaney, M.S.W., assistant professor in the Department of Psychiatry, presented "What is the Relationship of Emotional Disturbance to Acting Out Behavior?" at the Fourth Annual Interdisciplinary Conference on Children and Adolescents.

Gabriel G. Pinter, M.D., professor of physiology, has returned from a year's sabbatical leave in Hannover, West Germany where he conducted research on capillary permeability. He also gave lectures at the Universities of Munich and Heidelberg, at the Max Planck Institute in Frankfurt, and in Sweden, Norway and Denmark. He was awarded the Humboldt Prize in Physiology of the German Federal Republic.

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Dr. Michael Selmanoff of the Department of Physiology received a continuation of his NIH grant entitled "Tuberoinfundibular dopamine neurons and prolactin."

The research funded by the \$160,690 grant may further the understanding of the causes and consequences of hyperprolactinemic states in humans and provide the basis for a new approach to contraception.

The major hypothesis being examined is that the dopamine-containing neurons found in the medial basal hypothalamus regulate prolactin secretion by an inhibitory mechanism.

Adil E. Shamoo, Ph.D., professor and chairman of the Department of Biological Chemistry, was elected the 1982-83 chairman of the Membrane Biophysics Group of the Biophysical Society, a group consisting of 800 scientists from all over the world. In his capacity as chairman, Dr. Shamoo will be in charge of next year's membrane symposium and will chair the membrane award committee in 1983-84.

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John R. Sobotka, M.D., chief resident in psychiatry and research, was awarded a Laughlin Fellowship by the American College of Psychiatrists at its annual meeting in Orlando, Fl. The fellowship is given each year to outstanding senior residents in psychiatry.

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Saundra L. Warner, J.D., assistant professor of radiology, presented "Legal Aspects of Record Keeping" before the Radiation Therapy Technologists Society of Washington, D.C.

On July 2, 1978, at the age of 94, **Earl H. Snavely '05**, Coral Gables, Florida. Dr. Snavely practiced psychiatry and was administrator and medical director of Newark City Hospital, Newark, New Jersey. He was past president of the Hospital Association of New Jersey and served on the governor's council for betterment of mental hospitals in that state.

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On December 3, 1981, at the age of 90, **Philip J. Bean '13**, Great Mills, Maryland. A general practitioner, Dr. Bean retired in August 1980 after 66 years of selfless devotion to the people of St. Mary's County, Maryland. He delivered over 5,000 babies, many in the home, and was Coroner and Registrar of Vital Statistics for over 38 years. Founder of St. Mary's Hospital in Leonardtown, Maryland, he was named St. Mary's County "Man of the Year" in 1959 and made a Knight of St. Gregory by Pope John XXIII. In 1979 he was named "Citizen of the Year" by the Knights of Columbus.

On April 15, 1981, at the age of 92, **Harry C. Raysor '13**, Saint Matthews, South Carolina. Dr. Raysor actively conducted his general practice until the time of his death. In 1975, he received the South Carolina Senior Citizen of the Year Award.

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On November 18, 1981, at the age of 91, **Albert Humbert Jackvony '21**, Cranston, Rhode Island. He was surgeon-in-chief at St. Joseph's Hospital, Providence and president of the Rhode Island Medical Society and Providence Medical Society.

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On December 17, 1981, at the age of 83 years, **Clewell Howell '24**, Baltimore, Maryland. Retired in 1970 from active practice, Dr. Howell was associate professor of pediatrics at University of Maryland and worked in the pediatric clinic from 1928 to 1938. He conducted the first private pediatric practice in the state and, in 1935,

established the first well-baby clinic in Baltimore county. Dr. Howell conducted weekly radio broadcasts for the Maryland Congress of Parents and Teachers and lectured high school students on medicine as a vocation.

He was a life member of the American Academy of Pediatrics, president of the Baltimore County Medical Society and was active in the Head Start Program.



On December 17, 1981, at the age of 86, **Bryan P. Warren '24**, Laurel, Maryland. Practicing general medicine for more than fifty years, Dr. Warren, along with his brother Dr. John M. Warren, established a hospital which later became the Greater Laurel Beltsville Hospital. As a young man, his schooling was interrupted when he joined the Army in World War I and fought in the battle of Chateau-Thierry, France. Dr. Warren was on the staff at University of Maryland Hospital.



On January 14, 1982, at the age of 75, **Robert Rubenstein '32**, Jersey City, New Jersey, Dr. Rubenstein was in private practice in internal medicine and cardiology. He was president of the medical staff at Christ Hospital and of the Hudson County Chapter of the American Heart Association. During World War II he served in the U.S. Navy in the South Pacific.



On December 21, 1981, at the age of 73, **Nathan B. Janney '34**, Gulfport, Florida. Retired in 1973, Dr. Janney practiced family medicine in the Baltimore area caring for three generations of patients. He was a 1930 graduate of the University of Maryland School of Pharmacy.



On December 29, 1981, at the age of 69, **Roland E. Bieren '36**, Columbia, South Carolina. A physician and psychiatrist, he also practiced gynecology for 20 years in the Washington, D.C.-Falls Church, Virginia, area and was associate clinical professor at George Washington University School of Medicine. He was chief forensic psychiatrist at South Carolina State Hospital and

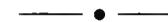
was associated with the South Carolina Department of Mental Health for 14 years. During World War II, Dr. Bieren served in the U.S. Navy.



On December 20, 1981, at the age of 72, **Samuel Steinberg '36**, Jenkintown, Pennsylvania. Dr. Steinberg maintained a private family practice in Philadelphia. He was a founding member of the Philadelphia Hypnotic Society and pioneered the use of hypnosis during major surgery. During World War II, he was a member of the U.S. Coast Guard assigned to the U.S. Public Health Service where he performed research on the uses of penicillin. He endowed a lecture series and a loan fund for needy medical students here.



On December 31, 1981, at the age of 43, **Jack Wallace Bowerman '62**, Monkton, Maryland. Dr. Bowerman was associate professor in radiology at Johns Hopkins where he held joint appointments as associate professor in orthopedic surgery and emergency medicine. He was author of "Radiology and Injury in Sport."



On February 9, 1982, at the age of 80, **Dietrich Conrad Smith, III, Ph.D. (Faculty)**, Raleigh, North Carolina. Professor emeritus of physiology and former associate dean of the medical school, Dr. Smith joined the faculty of the University in 1937 and became full professor in 1949. In 1955 he was named associate dean for student affairs and served as chairman of the school's admissions committee and member of the Faculty Senate executive committee. Dr. Smith was vice chairman of a committee providing postgraduate education for physicians returning from World War II military service.

Before retiring in 1965, the students of the Medical School presented Dr. Smith a plaque for his work here.

SIDS Institute At University School of Medicine To Host International Conference

Ann Kurlander

Between 7,000 and 10,000 babies will die this year in the United States of SIDS—Sudden Infant Death Syndrome, a tragedy that is also experienced in other countries. More commonly known as "crib death," SIDS is the most frequent cause of infant death in the world.

To further understand this medical dilemma, the SIDS institute at the University of Maryland School of Medicine, which is the only multi-disciplinary research program of its kind in the world, will host an international conference on SIDS in Baltimore on June 28 to June 30 at the Hyatt Regency Hotel. The United Kingdom Foundation for the Study of Infant Deaths will act as co-sponsor of this conference, the first since 1974.

Dr. Lois Roeder, director of the professional training and education unit for the SIDS Institute and assistant professor of pediatric research at the School of Medicine, as program coordinator, began planning for this conference a year ago. Sixty of the world's experts on SIDS will participate as invited guests of the conference and will serve as chairmen and panelists for nine round-table discussions dealing with all aspects of the syndrome. Although the majority of these participants are from the United States and England, other representatives will come from Canada, New Zealand, South Australia, Belgium, and Italy. The conference will provide a major review of current progress in the field of SIDS research and will facilitate an exchange of ideas, thus enabling professionals to better focus future research. A conference of this scope will increase world awareness of SIDS and will help to lessen the gap in available information. Poster sessions will be scheduled for any interested persons who desire to contribute information, and proceedings and abstracts will be published so that what is learned can be shared by health professionals around the world.

The international conference will be supported by the SIDS Institute, the United

Kingdom Foundation, and the private sector. Area corporations are becoming more aware of this project and have been enthusiastic and supportive. Both the publicity that the conference will generate and the fact that Baltimore will have a chance to show off its many attractions such as the Inner Harbor and the Aquarium should play a part in gaining additional contributions.

The SIDS Institute is the premier medical and scientific institution investigating SIDS and as such received the only Major Research Project grant for the study of SIDS awarded by the National Institute of Child Health and Human Development.

The SIDS Institute, under the direction of Dr. Alfred Steinschneider, Professor of Pediatrics, is comprised of three units: Research, directed by Dr. J. Tyson Tildon, professor of pediatrics; Infant Diagnostic and Therapeutic, directed by Dr. Steven L. Weinstein, assistant professor of pediatrics; and Professional Training and Education, directed by Dr. Roeder.

The SIDS Institute's effort focuses on an understanding of the etiology of the syndrome. One approach includes the sleep studies program which screens babies thought to be at high risk. Infants are being referred here from throughout the country, and currently 600 infants per year are clinically evaluated. Another approach is training through workshops and conferences for health professionals involved in infant care and SIDS. The second annual workshop held by the Professional Training and Educational Unit of the Institute last November had representatives from thirty states.

There is a strong belief that SIDS can be prevented in the near future through the intensive program at the SIDS Institute in collaboration with researchers and clinicians elsewhere. To eventually eradicate this disease that affects the lives of so many people would be a major triumph. To think that it could happen here is exciting.



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